



Patrick K. Ryan, County Executive  
[www.ulstercountyny.gov/personnel/](http://www.ulstercountyny.gov/personnel/)

**Benefit Open Enrollment**  
*October 15—October 31, 2019*

**Benefit Plan Year**  
*January 1—December 31, 2020*

# 2020 Employee Benefits Guide

*Medical and Prescription Drugs, Dental, Vision,  
Flexible Spending Accounts, Pearl Insurance, Aflac, Retirement Planning*



## Benefit Meetings

**Tuesday**  
**October 15**

8:30am—10:45am | Dept of Social Services, Development Court  
11:30am—1:30pm | Health & Mental Health Offices, 239 Golden Hill Lane  
2:30pm—4:30pm | Info Services

**Tuesday**  
**October 22**

8:00am—10:00am | Dept. Of Public Works, 317 Shamrock Lane, Kingston (Quarry Complex)  
11:00am—1:45pm | County Office Building, 244 Fair Street  
2:30pm—4:00pm | UC Law Enforcement Center

Benefits provided in association with



**Questions | Help**  
**1-800-836-0026**

**PATRICK K. RYAN**  
County Executive



**SHEREE CROSS**  
Personnel Officer

**JAMES FARINA**  
Director of Employee Relations

### **2020 Health Insurance and Other Benefit Information**

The County will continue to offer its current Health Insurance Programs, the Empire PPO and Empire POS plans for 2020. They will be renamed to PPO 20 and POS 20. What is **new** for 2020 is the introduction of a new Health Insurance Program – the PPO 25! Please see the following pages for detailed information on what the PPO 25 offers. PPO 25 is a national network and all of the same benefits as the PPO 20 except that there are co-pays for some services and the co-pay for doctor visits are \$25/\$40 (specialist). There is significant savings if you are currently enrolled in the PPO 20 and are not a pre94 employee. **The EPO plan will not be offered for 2020.**

Remaining for 2020 are the five (5) tiers of coverage. We have stratified the Health Insurance into these 5 tiers – Employee only, Employee with spouse, Employee with Child, Employee with Children and Family. Please review the costs associated with them as there may be a savings.

**Everyone with Health Insurance, Dental and Vision, Buyout, and the Waiver must complete the online enrollment process by October 31, 2019 at the latest.**

I encourage all Employees to attend an Open Enrollment session where you may complete online enrollment or receive instructions to complete online enrollment on your own. Computers are always available in the Personnel Department for completing this process.

Please take the time to review the **Benefit Book** created each year to provide summaries, health insurance rates, buyout options, and other information regarding your benefits. Browsing this book will help Employees learn more about available coverages. I suggest all Employees send the link <https://www.ulstercountyny.gov/personnel/benefits-management> to their personal email so they and their family members can review the book at home. The book may also be accessed anytime, anywhere, by using the link on any PC, smartphone, or tablet.

**Relph Benefits Advisors continues to partner with Ulster County** for employee benefit consulting and plan management services.

Relph Benefit Advisors offers their CARE Team to assist employees with benefit plan questions and service.

Relph Benefit Advisors' C.A.R.E. (**C**ustomer **A**ssistance **R**elief **E**veryday) Team will assist the County with healthcare needs and insurance-related questions such as:

- Ordering replacement insurance I.D. cards
- Locating providers and specialists
- Estimates for out-of-pocket cost and plan coverage
- Assistance with resolving provider billing insurance claims
- Help with facilitating approval and prior authorization for services, as required
- Support with out-of-area services

*Note: Your privacy is protected. RBA follows careful protocols, complies with all government privacy standards and your information remains confidential.*

The C.A.R.E. Team Representative may be reached at either **1-800-836-0026 ext. 322** or [kkaram@relphbenefitadvisors.com](mailto:kkaram@relphbenefitadvisors.com).

You can continue to reach out to the Ulster County Personnel as well, (845) 340-3545.

**Other Important information:**

**Open Enrollment and Portal Access:** Tuesday, October 15<sup>th</sup> through Thursday, October 31<sup>st</sup> is open enrollment. You are required to register and complete your benefit renewal on the online enrollment portal website. The enrollment portal instruction sheet follows this letter in this benefit book. You must complete this process even if you are not making changes.

**Legal Requirements:** Under the Affordable Health Care Act, Ulster County as the employer has the responsibility to provide legal notifications to all employees. These legal notifications are extensive and are available on the [online enrollment site at www.aleraedge.com](#). I encourage Employees to take the time to review these important notifications.

**Federal Requirement of Signing a Waiver if Opting Out of Coverage with Ulster County:** If an Employee does not wish to participate in the Ulster County Health Insurance Programs, they must complete the waiver section in the online enrollment process. If a waiver is not completed and a Health Plan is not selected by October 31, 2019, under Federal rules Ulster County Personnel will enroll the Employee in the POS individual plan, with its appropriate payroll deduction.

**Dependent Eligibility:** Eligible dependents for Ulster County Health Insurance coverage is defined as: a spouse, natural child, step child, or a legally adopted child. For further definitions and limitations, please contact Ulster County Personnel.

*If it is determined that a dependent is not eligible, but is enrolled as such, the employee will be held financially responsible for reimbursing the County for any claims paid for services rendered for an ineligible dependent. The insurance company also reserves the right to bill an employee for any medical services paid on behalf of an ineligible dependent.*

**Cards for 2020:** Cards for Health Insurance with Empire BCBS & Rx Benefits are the same as distributed for 2019. Davis Vision will continue to be active for 2020 as well as Met Life. If you choose the PPO 25, new cards will be sent to you.

**Urgent Care Out of Network Change:** For 2020, Urgent Care Copay, both in and out of network, will be \$20 for POS 20 and PPO 20 and \$25 for PPO 25. If an Employee or a covered family member cannot locate an in-network urgent care center, they may go to an out of network center and pay the copay. This is advantageous since the cost of going to the emergency room includes a co-pay of \$100 for the POS 20 and PPO 20 plans, \$200 for the PPO 25 plan. This can be especially useful when traveling away from home.

**Flexible Spending Account Rollover:** The Flexible Spending Account continues to have a \$500 roll-over feature. The application to enroll in a Flexible Spending Account will be through the online application process. Employees have the ability to roll up to \$500 in remaining funds from the previous year to the following calendar year. This will enable Employees to better estimate the amount needed for out-of-pocket health care expenses. Paying medical bills with pre-tax dollars could save 15-20% of the cost of these expenses. Each year **you must** re-enroll and designate the amount you wish to add to your FSA account.

**Rx Benefits, continues as our administrator for Express Scripts and Ulster Scripts. Please be sure to check the Change in**

**Formulary:** Each year, a select group of products are removed from Formularies (also called Preferred Prescriptions) and will no longer be covered in these plans. Members who attempt to obtain medications no longer covered will experience a claim reject at the point of sale and will be required to pay 100% of the full, non-discounted cost of the medication. Some products also will move from preferred (tier 2) to non-preferred (tier 3) status. Rx Benefits (Express Scripts) allows exceptions when medically necessary. Both plan Formularies are included in the Benefits Book. Updates throughout the year may be found on the Benefits web page: <http://ulstercountyny.gov/personnel/new-current-employees/benefits-management>.

In addition, there will be other changes to the 2020 National Preferred Formulary (addition of new drugs, changes from formulary to non-formulary.) In early November, Express Scripts will be providing letters to those members that are impacted that will provide them with alternatives they can discuss with their physicians.

If you have any questions, please feel free to contact me directly by telephone or email. (845)340-3550 or [scro@co.ulster.ny.us](mailto:scro@co.ulster.ny.us)

Sincerely,  
Sheree Cross  
Personnel Director

## ALERAGRAY

If you have any questions as you go through enrollment call Customer Support at 1-800-836-0026 (Mon-Fri, 8-4:30).

### How to Log In:

You can easily and securely log-in using your computer or mobile phone.

Go to [www.aleraedge.com](http://www.aleraedge.com).

Choose any "Login" button.

On the Login page, select the "ALERAGRAY" button.

The screenshot shows the ALERAEDGE homepage. At the top, the logo "ALERAEDGE" is displayed in large blue and black letters. Below the logo are navigation links: Home, About, Events, and Quick Links. To the right of these links are social media icons for YouTube, Facebook, LinkedIn, and Twitter. A red circle highlights a "Login" button in the top right corner, with an arrow pointing to a larger "LOGIN" button on a banner below. The banner features a family photo and the text "We've got you covered! With WorkSmart Solution, here's where you can enroll, update if things change, and get answers to your questions." Below the banner, there are three main sections: "Login" (with the subtext "Manage your benefits"), "Our Clients" (with the subtext "What our clients have to say"), and "OUR FOCUS" which includes "Payment Solutions" and "WorkSmart Solution".

The screenshot shows the ALERAEDGE login page. At the top, the logo "ALERAEDGE" is displayed. Below the logo are navigation links: Home, About, Events, and Quick Links. To the right of these links are social media icons for YouTube, Facebook, LinkedIn, and Twitter. A red circle highlights a "Client Login" button in the top right corner, with an arrow pointing to a larger "ALERAGRAY" button at the bottom of the page. The page features a navigation bar with icons for "PAYMENT SOLUTIONS", "WORKSMART SOLUTION", "ACA", and "\$500 5500". Below the navigation bar are four main sections: "ALERA SOLUTION", "ALERAPAY PARTICIPANT", "ALERAPAY ADMINISTRATOR", and "PREMIUMPAY". The page also includes instructions for employees and administrators, and a footer with three buttons: "ALERABLUE", "ALERABLACK", and "ALERAGRAY".

# ALERAGRAY

If you have any questions as you go through enrollment call Customer Support at 1-800-836-0026 (Mon-Fri, 8-4:30).

Welcome

**User Name**

**Password**

**Login >**

[Forgot your user name or password?](#)

**First time here?**  
 Register to create your user name and password.

**Register**

## Log In

**First-time User:**  
Click on 'Register.'

**Enter ULSTCO**  
for the Company Key.

**Create** your User Name, Password and Security Phrase, and click "Continue."  
Enter your new information on the login page.

Info    Create    Confirm    Login

**Info**

**Company Key**

**Social Security Number**

**Date of Birth**

**Continue >**

Info    Create    Confirm    Login

**Create Account**

**User Name**

**Password**

**Confirm Password**

**Security Question**

**Answer**

**Continue >**

Welcome

**User Name**

**Password**

**Login >**

[Forgot your user name or password?](#)

**Returning User:**  
Enter: User Name and Password.

*Now turn to the other side of this flyer and start your enrollment!*

# ALERAEDGE

## Get the Mobile App.

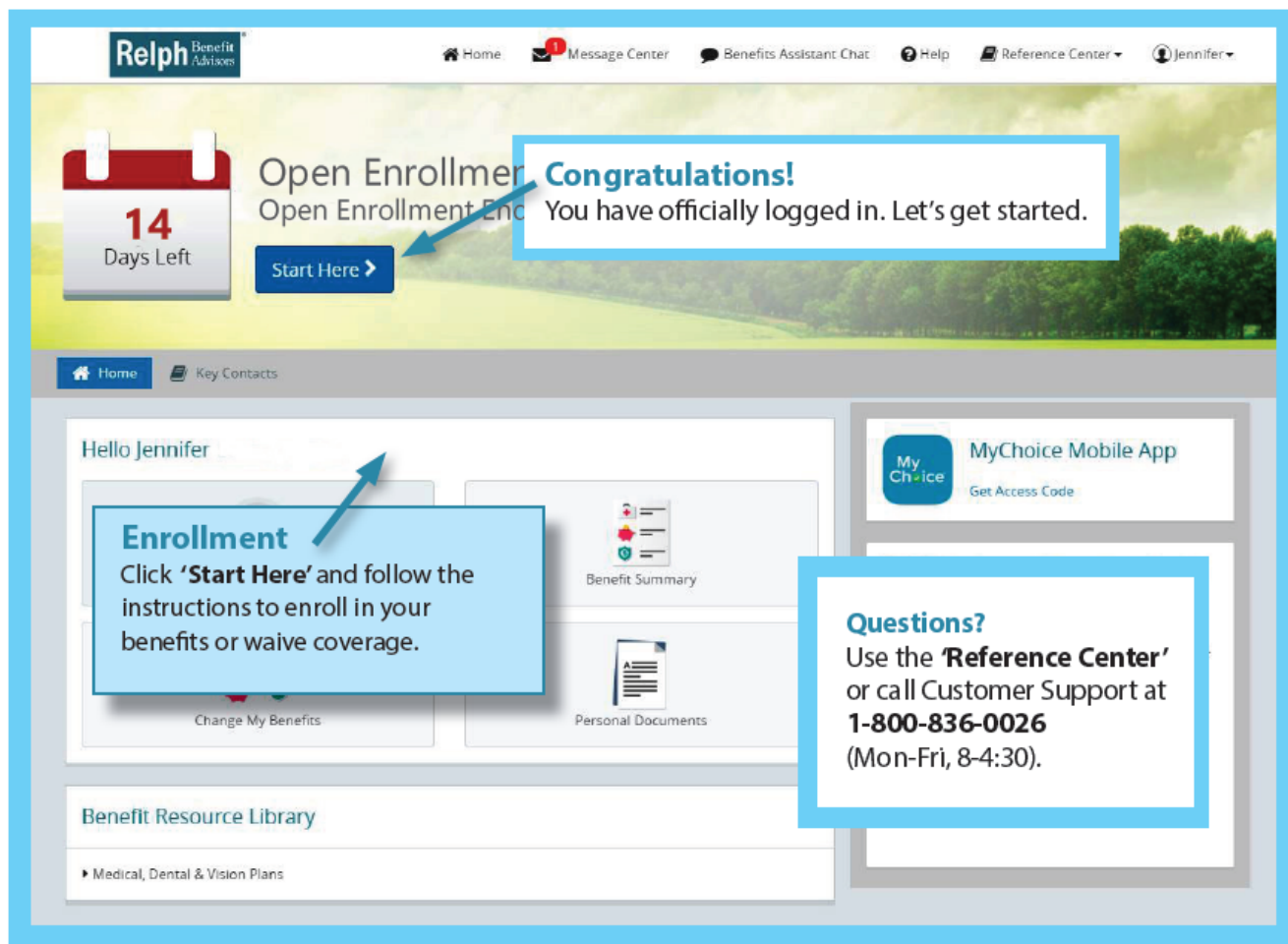
- Visit the App Store:
- Android: Google Play
  - iPhone: itunes Apple Search for "MyChoice Mobile."
- With the app you can:
- o Access current plans
  - o Complete Open Enrollment
  - o Get alerts and much more!

## Forgot Your Password?

1. Click on the link '**Forgot Your Password?**'
2. Enter your Social Security Number, Company Key, (ULSTCO) and Date of Birth
4. Answer your security phrase.
5. Enter and confirm a new password, then click '**Continue**' to return to the log-in page.

## Life-Changing Event?

Marriage/divorce/change in job status for you or an enrolled dependent, as well as birth or adoption of a child, are events that require updates to your plan within 30 days (with supporting documentation).



**Make Your Elections** - Review your options as you walk through the enrollment process.

Click **'Select'** on the plan(s) you choose. Track your choices along the enrollment bar which updates with your total cost.

**Review Your Elections** - Review, edit and approve your elections and when they are accurate, click **'Approve.'**

**Confirm Your Choices** - Your enrollment isn't complete until you confirm your benefit elections.

**Print** - Print your election information and confirmation number for future reference.

**Review Your Current Plan Anytime** - Click **'Benefits Summary'** in the **'Benefits'** tab.

## ALERAGRAY

### CONSENT TO RECEIVE ELECTRONIC NOTICES:

The following documents and notices are provided to you electronically which contain important information regarding eligibility, coverage, benefits and rights.

Once you log into AleraBlack, these documents are available in the Reference Center.

- Summary Plan Descriptions
- Summary of Material Modifications
- Summary Annual Reports
- Summary of Benefits and Coverage & Uniform Glossary of Terms
- Special Enrollment Rights Notice
- Premium Assistance under Medicare & Children's Health Insurance Program (CHIP)
- Newborn's Act Notice
- Women's Health & Cancer Rights Act Notices
- Patient Protection Disclosure
- HIPAA Notice of Privacy Practices

You are entitled to request and obtain a paper copy of any electronically furnished document free of charge or to revoke your consent at any time by calling Human Resources.

In order to access information provided electronically, you must have:

- A computer/electronic device with internet access
- An email account that allows you to send and receive emails
- Microsoft Word 95 (or higher)
- Adobe Acrobat Reader 5.0 (or higher)

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information.

While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

If you have any questions about your Guide, contact Employee Benefits.

# 2020 Health Insurance Rate Grid

<b>MEDICAL PLAN WITH DENTAL &amp; VISION</b>								
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
CSEA	Before 1/1/1994 (fixed contributions)	Employee	\$8.00	\$8.00	\$8.00	\$4.00	\$4.00	\$4.00
		Emp+Spouse	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+1 Child	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+Children	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
		Emp+Family	\$36.06	\$36.06	\$36.06	\$18.03	\$18.03	\$18.03
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA UCSEA	Before 7/1/1994 (fixed contributions)	Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Emp+Spouse	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+1 Child	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+Children	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
		Emp+Family	\$15.06	\$15.06	\$15.06	\$7.53	\$7.53	\$7.53
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA CSEA UCSA UCSEA	7/1/1994—9/1/2015 1/1/1994—9/19/2012 5/19/2010—2/20/2013 7/1/1994—8/18/2014 (15% of total Premium)	Employee	\$136.37	\$195.27	\$123.27	\$68.18	\$97.64	\$61.64
		Emp+Spouse	\$279.64	\$400.40	\$252.79	\$139.82	\$200.20	\$126.40
		Emp+1 Child	\$255.72	\$365.28	\$231.36	\$127.86	\$182.64	\$115.68
		Emp+Children	\$287.14	\$410.85	\$259.64	\$143.57	\$205.42	\$129.82
		Emp+Family	\$396.16	\$566.98	\$358.18	\$198.08	\$283.49	\$179.09
Employee Group	Hire/Elected Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
PBA CSEA UCSA UCSEA Officials / Legislators	After 9/1/2015 After 9/19/2012 After 2/20/2013 After 8/1/2014 After 1/1/2020 (20% of total Premium)	Employee	\$181.82	\$260.36	\$164.36	\$90.91	\$130.18	\$82.18
		Emp+Spouse	\$372.85	\$533.86	\$337.06	\$186.43	\$266.93	\$168.53
		Emp+1 Child	\$340.95	\$487.04	\$308.48	\$170.48	\$243.52	\$154.24
		Emp+Children	\$382.86	\$547.79	\$346.19	\$191.43	\$273.90	\$173.10
		Emp+Family	\$528.21	\$755.97	\$477.57	\$264.10	\$377.99	\$238.79
Employee Group	Hire Date	Coverage	MONTHLY			BI WEEKLY		
			POS20	PPO20	PPO25	POS20	PPO20	PPO25
Management Non-Union UCSA Superior Officers Union	Before 5/18/2010 (10% of total Premium)	Employee	\$90.91	\$130.18	\$82.18	\$45.46	\$65.09	\$41.09
		Emp+Spouse	\$186.43	\$266.93	\$168.53	\$93.21	\$133.47	\$84.26
		Emp+1 Child	\$170.48	\$243.52	\$154.24	\$85.24	\$121.76	\$77.12
		Emp+Children	\$191.43	\$273.90	\$173.10	\$95.71	\$136.95	\$86.55
		Emp+Family	\$264.10	\$377.99	\$238.79	\$132.05	\$188.99	\$119.39



# 2020 Health Insurance Rate Grid

<b>DENTAL &amp; VISION without MEDICAL PLAN</b>				
<b>Employee Group</b>	<b>Hire Date</b>	<b>Coverage</b>	<b>MONTHLY</b>	<b>BI WEEKLY</b>
CSEA	Before 1/1/1994 (fixed contributions)	Employee	\$0.00	\$0.00
		Emp+Spouse	\$0.00	\$0.00
		Emp+1 Child	\$0.00	\$0.00
		Emp+Children	\$0.00	\$0.00
		Emp+Family	\$0.00	\$0.00
<b>Employee Group</b>	<b>Hire Date</b>	<b>Coverage</b>	<b>MONTHLY</b>	<b>BI WEEKLY</b>
PBA UCSEA	Before 7/1/1994 (fixed contributions)	Employee	\$0.00	\$0.00
		Emp+Spouse	\$0.00	\$0.00
		Emp+1 Child	\$0.00	\$0.00
		Emp+Children	\$0.00	\$0.00
		Emp+Family	\$0.00	\$0.00
<b>Employee Group</b>	<b>Hire Date</b>	<b>Coverage</b>	<b>MONTHLY</b>	<b>BI WEEKLY</b>
PBA CSEA UCSA UCSEA	7/1/1994—9/1/2015 1/1/1994—9/19/2012 5/19/2010—2/20/2013 7/1/1994—8/18/2014 (15% of total Premium)	Employee	\$5.42	\$2.71
		Emp+Spouse	\$11.18	\$5.59
		Emp+1 Child	\$12.14	\$6.07
		Emp+Children	\$12.14	\$6.07
		Emp+Family	\$16.38	\$8.19
<b>Employee Group</b>	<b>Hire Date</b>	<b>Coverage</b>	<b>MONTHLY</b>	<b>BI WEEKLY</b>
PBA CSEA UCSA UCSEA	After 9/1/2015 After 9/19/2012 After 2/20/2013 After 8/1/2014 (20% of total Premium)	Employee	\$7.22	\$3.61
		Emp+Spouse	\$14.90	\$7.45
		Emp+1 Child	\$16.18	\$8.09
		Emp+Children	\$16.18	\$8.09
		Emp+Family	\$21.84	\$10.92
<b>Employee Group</b>	<b>Hire Date</b>	<b>Coverage</b>	<b>MONTHLY</b>	<b>BI WEEKLY</b>
Management Non-Union Legislators UCSA Superior Officers Union	Before 5/18/2010 (10% of total Premium)	Employee	\$3.60	\$1.80
		Emp+Spouse	\$7.46	\$3.73
		Emp+1 Child	\$8.10	\$4.05
		Emp+Children	\$8.10	\$4.05
		Emp+Family	\$10.92	\$5.46

# Empire BCBS Summary of Benefits— POS20 Plan



An Anthem Company

## Your Summary of Benefits

### County of Ulster 2020 - POS 20

Benefit	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>
Deductible	N/A	\$2,000/\$5,000
Coinsurance	N/A	40%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Medical Cost Shares)	\$20,000/\$50,000 Coinsurance Stop Loss (\$8,000/\$20,000 out-of-pocket) coinsurance max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered through the end of the month)	Dependents to Age 26	Dependents to Age 26
<b>Covered Preventive Care<sup>1</sup></b>	<b>Member Pays</b>	<b>Member Pays</b>
Covered Adult Preventive Care	\$0	Deductible and coinsurance
Annual Physical Exam	\$0	Deductible and coinsurance
Well-Child Care (Up to age 19; including covered immunizations)	\$0	Deductible and coinsurance
Preventive Well-Woman Care	\$0	Deductible and coinsurance
<b>Home/Office/Outpatient Care</b>	<b>Member Pays</b>	<b>Member Pays</b>
Home/Office/Outpatient Visits Copayment	\$20 copayment	Deductible and coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Online Visits	\$20 copayment	Deductible and coinsurance
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory/Outpatient Surgery <sup>4,5</sup>	\$0	Deductible and coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and coinsurance
Routine Maternity Care	\$0	Deductible and coinsurance
Laboratory Tests, X-rays, MRI <sup>4</sup> /MRA <sup>4</sup> , CAT Scan <sup>6</sup> , PET <sup>6</sup> and Nuclear Cardiology <sup>6</sup>	\$0	Deductible and coinsurance
Allergy Care: Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatment)	Deductible and coinsurance
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) <sup>7</sup>	\$20 copayment	Deductible and coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and coinsurance
Physical Therapy <sup>4</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Speech/Language <sup>4</sup> , Occupational <sup>4</sup> , Vision Therapies (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and coinsurance
Outpatient Cardiac Rehabilitation	\$20 copayment	Deductible and coinsurance
Second Surgical Opinion	\$20 copayment	Deductible and coinsurance
Kidney Dialysis	\$0	Deductible and coinsurance

# Empire BCBS Summary of Benefits— POS20 Plan

Benefit	In-Network <sup>2</sup>	Out-of-Network <sup>3</sup>
<b>Inpatient Care<sup>4</sup></b>		
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Surgery, Surgical Assistant, Anesthesia	\$0	Deductible and coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and coinsurance
<b>Mental Health</b>		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Care <sup>5</sup> (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and coinsurance
<b>Alcohol/Substance Abuse</b>		
Outpatient Visits in Office	\$20 copayment	Deductible and coinsurance
Outpatient Visits in Facility	\$0	Deductible and coinsurance
Inpatient Detoxification <sup>8</sup> (As many days as is medically Necessary; semiprivate room and board)	\$0	Deductible and coinsurance
Inpatient Rehabilitation <sup>8</sup>	\$0	Deductible and coinsurance
<b>Other</b>		
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	Deductible and coinsurance
Durable Medical Equipment <sup>4</sup>	\$0	Deductible and coinsurance
Prosthetics & Orthotics <sup>4</sup>	\$0	Deductible and coinsurance
Ambulance (air ambulance)	\$0	In-network benefits apply

- (1) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (2) In-network provider delivers care. In-network providers are in Empire's POS network, and in our affiliate POS network in Connecticut, Anthem Blue Cross and Blue Shield.
- (3) Out-of-network providers are providers who are not in Empire's POS network or our affiliate network in Connecticut, Anthem Blue Cross and Blue Shield. Out-of-network services rendered by providers who do not participate with Empire or with another Blue Cross Blue Shield plan through the BlueCard Program are subject to balance billing over the allowed amount. (This does not apply to emergency benefits.)
- (4) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members beyond INN copayment (if applicable) for covered services. You are responsible for obtaining precertification for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied to out-of-network claims if precertification is not obtained.
- (5) For ambulatory surgery, please call the toll-free number on your member ID card to determine exactly which outpatient services require pre-certification.
- (6) Empire's or Anthem's, CT network provider must precertify INN services or services may be denied; Empire or Anthem, CT network providers cannot bill members for covered services. Precertification is not necessary for out-of-network services.
- (7) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after 5<sup>th</sup> visit.
- (8) Precertification must be obtained from the Behavioral Healthcare Manager, or penalties apply.

**IMPORTANT NOTE:** This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in the contract. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions. This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

# Empire BCBS Summary of Benefits—PPO20 Plan



An Anthem Company

## Your Summary of Benefits

### County of Ulster 2020 – PPO 20

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / \$1,500 / \$3,750 Out-of-Pocket Max
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care <sup>4</sup>	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits	\$20 copayment	Deductible and Coinsurance
Online Visits	\$20 copayment	Deductible and Coinsurance
Urgent Care Center	\$20 copayment	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$100 copayment (Waived if admitted within 24 hours)	\$100 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery <sup>5</sup> / Outpatient Surgery	\$0	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests, X-rays	\$0	Deductible and Coinsurance
MRI <sup>7</sup> /MRA <sup>7</sup> · CAT Scan <sup>7</sup> , PET <sup>7</sup> & Nuclear Cardiology <sup>7</sup>	\$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$20 copayment	Deductible and Coinsurance
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$20 copayment	Deductible and coinsurance
Chiropractic Care (Up to 30 visits per calendar year) <sup>10</sup>	\$20 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (Up to 210 days per lifetime)	\$0	Deductible and Coinsurance
Physical Therapy <sup>5</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language <sup>5</sup> , Occupational <sup>5</sup> (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment	Deductible and Coinsurance
Vision Therapy	\$20 copayment	Deductible and Coinsurance

# Empire BCBS Summary of Benefits—PPO20 Plan

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$20 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$20 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
<b>Inpatient Care<sup>9</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
<b>Mental Health<sup>8</sup></b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Care <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
<b>Alcohol/Substance Abuse<sup>8</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$20 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$0	Deductible and Coinsurance
Inpatient Detoxification <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$0	Deductible and Coinsurance
Inpatient Rehabilitation <sup>9</sup>	\$0	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>6</sup>	\$0	Deductible and Coinsurance
Prosthetics & Orthotics <sup>6</sup>	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$0	In-network benefits apply

- (1) Network provider delivers care. Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the copayment for covered services.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
- (4) Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (5) You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- (6) For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.
- (7) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.
- (8) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (9) Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
- (10) Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after 5<sup>th</sup> visit.

**IMPORTANT NOTE:** This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits. Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

# Empire BCBS Summary of Benefits—PPO25 Plan

## Your Summary of Benefits



An Anthem Company

### County of Ulster 2020 – PPO 25

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Deductible	N/A	\$500/\$1,250
Coinsurance	N/A	20%
Out-of-Pocket Maximum	\$3,880 / \$9,700 (All In-Network Cost Shares)	\$5,000/\$12,500 Coinsurance Stop Loss / (\$1,000/\$2,500 out-of-pocket)
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
<b>Covered Preventive Care <sup>4</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Covered Adult Preventive Care	\$0	Deductible and Coinsurance
Annual Physical Exam	\$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Preventive Well-Woman Care	\$0	Deductible and Coinsurance
<b>Home/Office/Outpatient Care</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Home/Office Visits (PCP/Specialist)	\$25 / \$40 copayment	Deductible and Coinsurance
Online Visits	\$25 copayment	Deductible and Coinsurance
Urgent Care Center	\$25 copayment	\$25 copayment
Emergency Room/Facility (initial visit per occurrence)	\$200 copayment (Waived if admitted within 24 hours)	\$200 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery <sup>5</sup> / Outpatient Surgery	\$100 copayment	Deductible and Coinsurance
Presurgical Testing, Anesthesia	\$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	\$0	Deductible and Coinsurance
Routine Maternity Care	\$0	Deductible and Coinsurance
Laboratory Tests,	\$0	Deductible and Coinsurance
X-rays	\$25 copayment	Deductible and Coinsurance
MRI <sup>7</sup> /MRA <sup>7</sup> · CAT Scan <sup>7</sup> , PET <sup>7</sup> & Nuclear Cardiology <sup>7</sup>	\$75 copayment	Deductible and Coinsurance
Allergy Routine Testing and Treatment		Deductible and Coinsurance
– Office Visit	\$25 copayment	Deductible and Coinsurance
– Routine Testing	\$0	
– Allergy Injections/Immunotherapy	\$0	
Acupuncture (Up to 30 visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Chiropractic Care (Up to 30 visits per calendar year) <sup>10</sup>	\$25 copayment	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per calendar year)	\$0	Coinsurance (no deductible)
Home Infusion Therapy	\$0	Deductible and Coinsurance
Hospice Care (unlimited days)	\$0	Deductible and Coinsurance
Physical Therapy <sup>5</sup> (Up to 90 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies – Speech/Language <sup>5</sup> , Occupational <sup>5</sup> (Up to 60 visits per calendar year combined in home, office or outpatient facility)	\$25 copayment	Deductible and Coinsurance
Vision Therapy	\$25 copayment	Deductible and Coinsurance

# Empire BCBS Summary of Benefits—PPO25 Plan

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$25 copayment	Deductible and Coinsurance
Second Surgical Opinion	\$25 / \$50 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	\$0	Deductible and Coinsurance
<b>Inpatient Care<sup>9</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	\$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0	Deductible and Coinsurance
<b>Mental Health<sup>8</sup></b>	<b>Member Pays In-Network</b>	
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Care <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
<b>Alcohol/Substance Abuse<sup>8</sup></b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Outpatient Visits in Office	\$25 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	\$25 copayment	Deductible and Coinsurance
Inpatient Detoxification <sup>9</sup> (As many days as medically necessary; semiprivate room and board)	\$200 copayment	Deductible and Coinsurance
Inpatient Rehabilitation <sup>9</sup>	\$200 copayment	Deductible and Coinsurance
<b>Other</b>	<b>Member Pays In-Network</b>	<b>Member Pays Out-of-Network</b>
Medical Supplies	\$0 when obtained through Empire's medical supplies vendor	In-network benefits apply
Durable Medical Equipment <sup>6</sup>	\$0	Deductible and Coinsurance
Prosthetics & Orthotics <sup>6</sup>	\$0	Deductible and Coinsurance
Ambulance (Land/Air ambulance)	\$50 copayment	Deductible and Coinsurance

- Network provider delivers care. Empire's network provider must precertify in-network services; Empire network providers cannot bill members beyond the copayment for covered services.
- Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
- Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
- Preventive Care benefits not subject to copayment, deductible and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- You are responsible for obtaining precertification from Empire's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
- For services received from an Empire PPO provider, the provider must precertify in-network services; Empire PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.
- You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.
- You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
- Empire's network provider must obtain authorization for clinical/medical necessity for in-network services after the 5<sup>th</sup> visit.

**IMPORTANT NOTE:** This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

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Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits. Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

# Ways to \$ave Money on Your Health Care Expenses

**For those who pay 10% 15% or 20% and are currently enrolled in the PPO20 you may want to consider choosing the PPO25 this year.** This plan offers less money out of your paycheck. Pay for what you need at time of service.

The PPO25 plan provides same benefits as the PPO20 except that there are copays for some services and the provider office visit copayments are \$25/\$40. The PPO25 plan gives you access to the same local and national network of providers and provides lower co-pays on prescription coverage.



Benefit Feature	POS20	PPO20	New PPO25
<b>Deductible</b>	In Network: N/A OutNetwork: \$2,000/\$5,000	In Network: N/A OutNetwork: \$500/\$1,250	In Network: N/A OutNetwork: \$500/\$1,250
<b>Out of Pocket Maximum</b>	InNetwork: \$3,880/\$9,700 OutNetwork: \$8,000/\$20,000	InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500	InNetwork: \$3,880/\$9,700 OutNetwork: \$1,000/\$2,500
<b>Coinsurance</b>	InNetwork: N/A OutNetwork: 40%	InNetwork: N/A OutNetwork: 20%	InNetwork: N/A OutNetwork: 20%
<b>In Network Copays   Out of Network: Deductible &amp; Coinsurance Apply</b>			
<b>Office Visit</b>	\$20 Copay	\$20 Copay	\$25 Copay Primary Care \$40 Copay Specialist Care
<b>OutPatient Surgery</b>	\$0 Copay	\$0 Copay	\$100 Copay
<b>MRI/CAT/PET Scans</b>	\$0 Copay	\$0 Copay	\$75 Copay
<b>Urgent Care</b>	\$20 Copay	\$20 Copay	\$25 Copay
<b>Emergency Room</b>	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$100 copayment <i>(waived if admitted w/in 24-hrs)</i>	\$200 copayment <i>(waived if admitted w/in 24-hrs)</i>
<b>Hospital Admission</b>	\$0 Copay	\$0 Copay	\$200 Copay
<b>Prescriptions (30-day Supply)</b>	\$5 / \$20 / \$40	\$10 / \$25 / \$40	\$10 / \$25 / \$40

**As a reminder - the next time you or a covered family member needs immediate care,** consider using the services of one of the many local Urgent Care facilities. You will only have to pay the regular office visit co-pay instead of the emergency room co-pay. A list of Urgent Care providers follows. Plan ahead, become familiar with the location of the one most convenient for you and your family.

**For your medications,** ask your physician to prescribe a generic instead of a brand name medication, or one on our formulary (list of included drugs) instead of a non-formulary choice. Your co-pay will be less in either of these situations.

- ▶ **Using mail order methods for medications** will save you one co-pay every three months. Many retail stores also have lists of certain medications they offer for even less than our co-pay. Always use your coverage card too, as that can make your payment even lower than their 3-month supply price. The co-pay is a maximum you can be charged so if the price is lower, you will only have to pay that amount.

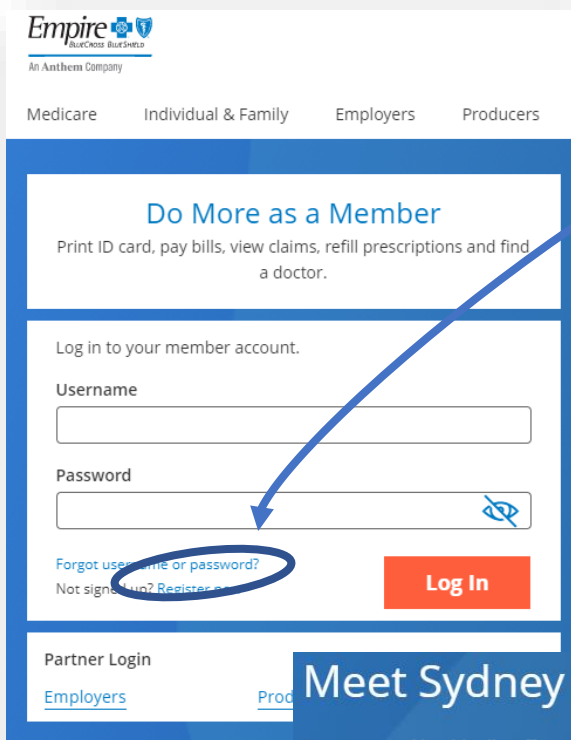
**NEW: You can also use Walgreens** for your maintenance medication and receive a 3-month supply for 2-copayments. Walgreens is the only retail store that provides this service at this time.

- ▶ **For brand name maintenance medications** (ones that you take every month without changing anything) that do not have a generic option, consider using our mail order program, Ulster Scripts. Information and enrollment forms for employees covered by our Express Scripts plan and your dependents can be found in this book and if your medication is on their available medications, you can receive a 3-month supply for NO co-pay.

**Our coverage with Empire Blue Cross Blue Shield includes a free nurse helpline service. PH: 1-877-Talk2RN (1-877-825-5276).** Consider making a phone call before your next trip to the doctor or emergency room. You might find your situation can be resolved without a needless inconvenient visit or possibly be delayed until your normal physician office is open the next morning.



# Empire BCBS Website & LiveHealthOnline.com Instructions



## Login at [www.empireblue.com](http://www.empireblue.com)

### First time users- select **Register now**

Then have your Member ID card to complete your Registration, following the website prompts.

Have your member ID card handy? Use your member ID to register.

Member ID  Activation code

Member ID	Date of birth
<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>
First name	Last name
<input type="text"/>	<input type="text"/>

## Meet Sydney

Your personal health ally, offering the same great services as Empire Anywhere, plus new features like custom content, personalized wellness activities and more. Access Sydney using your online login info, or simply download the app and log in with your Empire Anywhere username and password.

\*Select capabilities may not be available for all plans.

## Get the App—Sydney

Access your info anywhere, using your Empire username and password

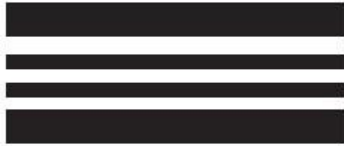
## LiveHealth online

or on your phone

## See a doctor, 24/7/ 365

Sign-up now, so you're ready when you need it.

# Empire—Health Insurance Claim Form



PO BOX 1407, CHURCH STREET STATION  
NEW YORK NY 10008-1407

APPROVED OMB-0938-0008

For services rendered out of area, provider should submit claim to the local Blue Cross and Blue Shield plan.

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN SUPPLIER INFORMATION

## HEALTH INSURANCE CLAIM FORM

PICA										PICA											
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)</small>										1a. INSURED'S I.D. NUMBER (Include prefix) (FOR PROGRAM IN ITEM 1)											
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)											
5. PATIENT'S ADDRESS (No. Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No. Street)											
CITY			STATE		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>					CITY			STATE								
ZIP CODE			TELEPHONE (Include Area Code)		Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					ZIP CODE			TELEPHONE (Include Area Code)								
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER											
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>											
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> SEX F <input type="checkbox"/>					b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO					b. EMPLOYER'S NAME OR SCHOOL NAME											
c. EMPLOYER'S NAME OR SCHOOL NAME					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME											
d. INSURANCE PLAN NAME OR PROGRAM NAME					d. RESERVED FOR LOCAL USE					d. IS THERE ANOTHER NAME OR BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO											
READ BACK OF FORM BEFORE COMPLETING THIS FORM. 12. I AUTHORIZE THE RELEASE OF INFORMATION AS DESCRIBED ON THE REVERSE SIDE OF THIS CLAIM FORM.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.											
SIGNED _____ DATE _____										SIGNED _____											
14. DATE OF CURRENT: MM DD YY			ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY												
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE					17a. I.D. NUMBER OF REFERRING PHYSICIAN					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY											
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.											
2. _____ 3. _____										23. PRIOR AUTHORIZATION NUMBER											
24. A DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY										B PLACE OF SERVICE											
C TYPE OF SERVICE										D PROCEDURES, SERVICES, OR SUPPLIES (EXPLAIN UNUSUAL CIRCUMSTANCES) CPT/HCPCS MODIFIER											
E DIAGNOSIS CODE										F \$ CHARGES		G DAYS OR UNITS		H EPSDT FAMILY PLAN		I EMG		J COB		K RESERVED FOR LOCAL USE	
1																					
2																					
3																					
4																					
5																					
6																					
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO											
28. TOTAL CHARGE \$					29. AMOUNT PAID \$					30. BALANCE DUE \$											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS. I CERTIFY THAT THE CARE, SERVICES AND SUPPLIES ENTERED ON THIS FORM HAVE BEEN RENDERED TO THE PATIENT, AND THAT I AM ENTITLED TO REIMBURSEMENT OF THE CHARGES INDICATED.										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)					33. PHYSICIANS, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE NUMBER						
SIGNED _____ DATE _____										PIN# _____					GRP# _____						

# Urgent Care Facilities for the Ulster County Area

## **AMC EMERGNTCARE OF**

Urgent Care In-Network  
2976 Route 9W  
Saugerties, NY 12477  
PH: 845-247-9100

## **EMERG ONE URGENT CARE DI**

Urgent Care In-Network  
40 Hurley Ave Ste 4  
Kingston, NY 12401  
PH: 845-338-5600

## **MIDDLETOWN MEDICAL PC**

Urgent Care In-Network  
78 Brookside Ave  
Chester, NY 10918  
PH: 845-469-2692

## **CRYSTAL RUN HEALTHCARE**

Urgent Care In-Network  
61 Emerald Place  
Rock Hill, NY 12553  
PH: 845-703-6999

## **EXCEL URGENT CARE FISHKILL**

Urgent Care In-Network  
1004 Main St  
Fishkill, NY 12524  
PH: 845-765-2240

## **ORANGE URGENT CARE PLLC**

Urgent Care In-Network  
75 Crystal Run Rd Ste  
Middletown, NY 10941  
PH: 845-703-2273

## **CRYSTAL RUN HEALTHCARE**

Urgent Care In-Network  
855 State Route  
Monroe, NY 10950  
PH: 845-703-6999

## **EXCEL URGENT CARE**

Urgent Care In-Network  
1 Hatfield Ln,  
Goshen, NY 10924  
PH: 845-360-5530

## **PM PEDIATRICS OF BAYSIDE**

Urgent Care In-Network  
1989 Route 52 Ste 3  
Hopewell Junction, NY 12533  
PH: 845-897-4500

## **CRYSTAL RUN HEALTHCARE**

Urgent Care In-Network  
155 Crystal Run Rd  
Middletown, NY 10941  
PH: 845-703-6999

## **FIRST CARE MEDICAL PC**

Urgent Care In-Network  
222 State Route 299  
Highland, NY 12528  
PH: 845-691-3627

## **PULSE-MD URGENT CARE**

Urgent Care In-Network  
900 Route 376 Ste H  
Wappingers Falls, NY 12590  
PH: 845-204-9260

## **CRYSTAL RUN HEALTHCARE**

Urgent Care In-Network  
1200 Route 300  
Newburgh, NY 12550  
PH: 845-703-6999

## **HEALTH QUEST URGENT CARE**

Urgent Care In-Network  
1100 Route 55  
Lagrangeville, NY 12540  
PH: 845-485-4455

## **PULSE-MD URGENT CARE**

Urgent Care In-Network  
696 Dutchess Tpke,  
Poughkeepsie, NY 12603  
PH: 845-204-9260

## **EMERG ONE URGENT CARE DI**

Urgent Care In-Network  
306 Windsor Nwy  
New Windsor, NY 12553  
PH: 845-787-1400

## **HQUMCP PC**

Urgent Care In-Network  
1351 Route 55 Ste 200  
Lagrangeville, NY 12540  
PH: 845-297-2511

## **RAPID CARE**

Urgent Care In-Network  
2827 US Highway 9  
Valatie, NY 12184  
PH: 518-758-4300

## **EMERG ONE URGENT CARE DI**

Urgent Care In-Network  
4250 Albany Post Rd Ste 1  
Hyde Park, NY 12538  
PH: 845-229-2602

## **HQUMCP PC**

Urgent Care In-Network  
1530 Route 9  
Wappingers Falls, NY 12590  
PH: 845-297-2511

## **URGENT MEDICAL CARE PLLC**

Urgent Care In-Network  
10 Grandview Ave.  
Catskill, NY 12414  
PH: 518-943-9100

# Rx Benefits / Express Scripts



Your prescription provider is **Express Scripts** and is administered by **Rx Benefits**.

PLAN	Rx CO-PAYS (Supply)
Empire—POS 20 Plan	\$5 / \$20 / \$40 (30-days)
Empire—PPO 20 & 25 Plans	\$10 / \$25 / \$40 (30-days)
Mail Order Prescriptions	2x CoPays (90-days)
Additional Support: 1-800-836-0026 Relph Benefit Advisors	

## ID CARDS

If you need to fill a script prior to receiving your ID cards, the information your pharmacy needs in addition to your identification number or social security number is:

**RXBIN:** 610014

**RXGRP:** RXBULST

**ISSUER:** Express Scripts

**Pharmacy Member Services:** 1-800-334-8134

**Pharmacist Helpdesk:** 1-800-922-1557

## SERVICES

### Member Service is Available:

For fastest service, please contact your member services team.

### From 7:00 AM – 8:00 PM (CST) Mon – Fri

To Assist You With Any Questions or Concerns Regarding

- Eligibility Verification
- Claims Status
- Verification of benefits
- Coverage Determination/Inquiries
- Plan authorized overrides
- Pharmacy Information

### Employees:

- Email: [RxHelp@rxbenefits.com](mailto:RxHelp@rxbenefits.com)
- Member Services: 1-800-334-8134

## VERIFY ELIGIBILITY

**Email** your requests to [eligibility@rxbenefits.com](mailto:eligibility@rxbenefits.com).

Most requests are addressed within 12-hours of receipt or less.

**Pharmacy Member Services:** 1-800-334-8134

All benefit changes must be received from your benefits or HR department. If an update is needed, please reach out to one of these entities and request the necessary update. They will communicate this information to RxBenefits.

## MAIL ORDER & SPECIALTY

Member Services is best equipped to address your issues. A Representative will remain on the line with you, to act as your advocate, if there is a need to connect with the Prescription Benefits Manager (PBM) for problem resolution. We can assist you with getting their medications transferred from retail to mail order as follows:

- Offer a one-time courtesy override at their retail location during the transition, then
- Conference you in with the PBM's mail order center to have their account set-up and prescriptions moved, or
- Contact your physician on your behalf or advise how to have your doctor e-Scribe a new script to the PBM.

# Express Scripts Formulary—2020

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EXPRESS SCRIPTS™

CHAMPIONS  
FOR  
BETTER™

## 2020 Express Scripts National Preferred Formulary

### KEY

[INJ] - Injectable Drug  
 Brand-name drugs are listed  
 in CAPITAL letters.  
 Generic drugs are listed  
 in lower case letters.

### A

ABILIFY MAINTENA [INJ]  
 acetaminophen/codeine  
 ACTEMRA [INJ]  
 acyclovir  
 ADEMPAS  
 ADVAIR HFA  
 ADYNOVATE [INJ]  
 AFSTYLA [INJ]  
 AIMOVIG [INJ]  
 AJOVY [INJ]  
 albuterol nebulization  
 solution  
 alendronate  
 allopurinol  
 ALPHAGAN P 0.1%  
 alprazolam  
 ALREX  
 amiodarone  
 amitriptyline  
 amiodipine  
 amlodipine/benzazepril  
 amlodipine/valsartan  
 amoxicillin  
 amoxicillin/potassium  
 clavulanate  
 anastrozole  
 ANDRODERM  
 ANORO ELLIPTA  
 APRISO  
 ARALAST NP [INJ]  
 ARIKAYCE  
 aripiprazole  
 ARISTADA [INJ]  
 ARMONAIR RESPICLICK  
 ARNUITY ELLIPTA  
 ASMANEX HFA  
 ASMANEX TWISTHALER  
 atenolol  
 atenolol/chlorthalidone  
 atomoxetine  
 atorvastatin  
 AUSTEDO  
 AVONEX [INJ]  
 AZASITE  
 azelastine nasal spray  
 azithromycin

### B

baclofen  
 BARACLUDE SOLUTION  
 BD AUTOSHIELD  
 DUO NEEDLES  
 BD ULTRAFINE  
 INSULIN SYRINGES

### BD ULTRAFINE PEN NEEDLES

BELBUCA  
 benazepril  
 benzonatate  
 BEPREVE  
 BETASERON [INJ]  
 BETHKIS  
 BEVESPI AEROSPHERE  
 BIKTARVY  
 bisoprolol/hctz  
 blisovi fe  
 BOSULIF  
 BREO ELLIPTA  
 BRILINTA  
 budesonide nebulization  
 suspension  
 bupropion  
 bupropion ext-release  
 buspirone  
 butalbital/acetaminophen/  
 caffeine  
 BYDUREON [INJ]  
 BYETTA [INJ]  
 BYSTOLIC

### C

CABOMETYX  
 CARAC  
 CARAFATE SUSPENSION  
 carbidopa/levodopa  
 carvedilol  
 cefdinir  
 cefuroxime axetil  
 celecoxib  
 cephalixin  
 CERDELGA  
 CEREZYME [INJ]  
 CETROTIDE [INJ]  
 CHANTIX  
 chlorhexidine gluconate  
 chlorthalidone  
 CIMDUO  
 CIPRODEX  
 ciprofloxacin  
 citalopram  
 clarithromycin  
 CLENPIQ  
 clindamycin hcl  
 clindamycin phosphate  
 topical  
 clindamycin phosphate/  
 benzoyl peroxide  
 clobetasol propionate  
 clomiphene citrate  
 clonazepam  
 clonidine  
 clopidogrel  
 clotrimazole/betamethasone  
 dipropionate  
 COLCRYS  
 COMBIGAN  
 COMBIPATCH  
 COMBIVENT RESPIMAT

COMETRIQ  
 COPAXONE 40 MG [INJ]  
 CORLANOR  
 COSENTYX [INJ]  
 CREON  
 CRINONE  
 cyanocobalamin [INJ]  
 cyclobenzaprine

### D

DALIRESP  
 DARAPRIM  
 DAYTRANA  
 DESCOVY  
 desloratadine  
 desvenlafaxine succinate  
 ext-release  
 dexamethasone  
 DEXCOM RECEIVER, SENSOR,  
 TRANSMITTER  
 dexmethylphenidate  
 ext-release  
 dextroamphetamine/  
 amphetamine  
 dextroamphetamine/  
 amphetamine ext-release  
 diazepam  
 diclofenac sodium  
 delayed-release  
 dicyclomine  
 digoxin  
 diltiazem ext-release  
 diphenoxylate/atropine  
 divalproex delayed-release  
 divalproex ext-release  
 DIVIGEL  
 donepezil  
 doxazosin  
 doxycycline hyclate  
 doxycycline monohydrate  
 DUAVEE  
 DULERA  
 duloxetine delayed-release  
 DUPIXENT [INJ]  
 DYANAVEL XR  
 DYMISTA

### E

EDARBI  
 EDARBYCLOR  
 ELIQUIS  
 ELOCTATE [INJ]  
 EMGALITY [INJ]  
 EMVERM  
 enalapril  
 ENBREL [INJ]  
 enoxaparin [INJ]  
 ENSTILAR  
 ENTRESTO  
 EPCLUSA  
 EPIDIOLEX  
 EPIDUO FORTE

epinephrine auto-injector  
 (by Mylan) [INJ]  
 EPIPEN, EPIPEN JR [INJ]  
 ergocalciferol  
 ERIVEDGE  
 ERLEADA  
 erythromycin eye ointment  
 ESBRIET  
 escitalopram  
 esomeprazole magnesium  
 delayed-release  
 estradiol  
 estradiol patches  
 estradiol/norethindrone  
 acetate  
 ESTRINE  
 eszopiclone  
 EUFLEXA [INJ]  
 ezetimibe  
 ezetimibe/simvastatin

### F

famotidine  
 FARXIGA  
 fenofibrate  
 fenofibrate micronized  
 fenofibric acid  
 delayed-release  
 fentanyl patches  
 FETZIMA  
 FINACEA FOAM  
 finasteride  
 FLECTOR  
 FLOVENT DISKUS  
 FLOVENT HFA  
 fluconazole  
 fluocinonide  
 fluoxetine  
 fluticasone nasal spray  
 folic acid  
 FORTEO [INJ]  
 FRAGMIN [INJ]  
 FREESTYLE KITS/METERS:  
 FREESTYLE FREEDOM,  
 FREESTYLE FREEDOM LITE,  
 FREESTYLE INSULINX,  
 FREESTYLE LITE  
 FREESTYLE LIBRE READER,  
 SENSOR  
 FREESTYLE TEST STRIPS:  
 FREESTYLE,  
 FREESTYLE INSULINX,  
 FREESTYLE LITE  
 furosemide  
 FYCOMPA

### G

gabapentin  
 GELNIQUE  
 gemfibrozil  
 GENOTROPIN [INJ]  
 GENVOYA

GILENYA  
 GILOTRIF  
 GLASSIA [INJ]  
 glimepiride  
 glipezide  
 glipezide ext-release  
 GLUCAGEN [INJ]  
 GLUCAGON [INJ]  
 glyburide  
 GYXAMBI  
 GONAL-F, GONAL-F RFF,  
 GONAL-F RFF  
 REDI-JECT [INJ]  
 GRASTEK  
 guanfacine ext-release

### H

HARVONI  
 HUMALOG [INJ]  
 HUMIRA [INJ]  
 HUMULIN [INJ]  
 hydralazine  
 hydrochlorothiazide  
 hydrocodone/acetaminophen  
 hydrocodone/  
 chlorpheniramine polistirex  
 ext-release  
 hydrocortisone topical  
 hydromorphone  
 hydroxychloroquine  
 hydroxyzine hcl  
 hydroxyzine pamoate  
 HYSINGLA ER

### I

ibandronate  
 IBRANCE  
 ibuprofen  
 ILEVRO  
 INBRIJA  
 INCRUSE ELLIPTA  
 indomethacin  
 INLYTA  
 INVELTYS  
 INVOKAMET  
 INVOKAMET XR  
 INVOKANA  
 irbesartan  
 IRESSA  
 isosorbide mononitrate  
 ext-release

### J

JANUMET, JANUMET XR  
 JANUVIA  
 JARDIANCE  
 JENTADUETO  
 JENTADUETO XR  
 JIVI [INJ]  
 JULUCA  
 junel

(continued)

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE:** Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

Go to [express-scripts.com/2020drugs](http://express-scripts.com/2020drugs) for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary.  
 THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2020 THROUGH DECEMBER 31, 2020. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](http://express-scripts.com).

# Express Scripts Formulary—2020

**PPO 20 & PPO 25 Copays** (Retail-30-day supply): \$10/\$25/\$40, Mail order 90-day supply= 2-copays  
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june fe	morphine sulfate ext-release	PAZEO	ropinirole	tri-lo-marzia
<b>K</b>	MOVANTIK	penicillin v potassium	rosuvastatin	trinessa
ketoconazole topical	MOXIFLOXACIN eye solution	PENTASA	RUBRACA	TRIPTODUR [INJ]
ketorolac	mupirocin	PERFORMIST	RUCONEST [INJ]	tri-sprintec
KITABIS PAK	MUSE	PHOSLYRA		TRIUCEO
KOGENATE FS [INJ]	MYDAYIS	PICATO	<b>S</b>	TRULANCE
KOVALTRY [INJ]	MYRBETRIQ	pioglitazone	SAVELLA	TRULICITY [INJ]
KYLEENA		PLEGRIDY [INJ]	SEGLUROMET	TYMLOS [INJ]
<b>L</b>	<b>N</b>	polymyxin/trimethoprim eye solution	SEREVENT DISKUS	
labetalol	nabumetone	POMALYST	sertraline	<b>U</b>
lamotrigine	NAMZARIC	potassium chloride	sildenafil	UCERIS FOAM
lansoprazole delayed-release	naproxen, naproxen sodium	ext-release	SIMPONI 100 MG (for	UDENYCA [INJ]
LANTOS [INJ]	NARCAN NASAL SPRAY	PRALUENT (NDCs starting	ulcerative colitis only) [INJ]	UPTRAVI
latanoprost eye solution	NASCOBAL	with 00024) [INJ]	simvastatin	
LATUDA	neomycin/polymyxin/	pramipexole	SKYLA	<b>V</b>
LEVEMIR [INJ]	hydrocortisone ear solution	pravastatin	SKYRIZI [INJ]	valacyclovir
levetiracetam	NEXIUM PACKETS	PRECISION XTRA METERS,	SOLIQUA [INJ]	valsartan
levocetirizine	niacin ext-release	TEST STRIPS,	SOMATULINE DEPOT [INJ]	valsartan/hctz
levofloxacin	nifedipine ext-release	B-KETONE STRIPS	SOOLANTRA	VARUBI
levothyroxine sodium	nitrofurantoin macrocrystal	prednisolone acetate	spironolactone	VASCEPA
lidocaine patches	NITYR	eye suspension	sprintec	VELPHORO
LINZESS	NIVESTYM [INJ]	prednisolone sodium	SPRYCEL	venlafaxine
liothyronine	NORDITROPIN [INJ]	phosphate	STEGLATRO	venlafaxine ext-release
LIPOFEN	nortriptyline	prednisone	STELARA SC [INJ]	VENTOLIN HFA
lisinopril	NOVAREL [INJ]	pregabalin	STRENSIQ [INJ]	verapamil ext-release
lisinopril/hctz	NOVOEIGHT [INJ]	PREMARIN CREAM	sulfamethoxazole/	VERZENIO
LIVALO	NOVOFINE AUTOSHIELD	PREMARIN TABLETS	trimethoprim	VIBERZI
LO LOESTRIN FE	NEEDLES	PREMPHASE	sumatriptan	VIIBRYD
LOKELMA	NOVOFINE NEEDLES	PREMPRO	SUNOSI	VIMPAT
lorazepam	NOVOTWIST NEEDLES	PREPOPIK	SUTENT	VIOKACE
LORBRENA	NUCALA [INJ]	PROAIR HFA	SYMBICORT	VIZIMPRO
losartan	NUCYNTA, NUCYNTA ER	PROAIR RESPICLICK	SYMFI	VOSEVI
losartan/hctz	NUEDEXTA	PROCRIT [INJ]	SYMFI LO	VYVANSE
LOTEMAX	nystatin	progesterone micronized	SYMJEPI [INJ]	
LOTEMAX SM	nystatin topical	PROLASTIN C [INJ]	SYMLINPEN [INJ]	<b>W</b>
lovastatin	<b>O</b>	PROLENSA	SYMPROIC	warfarin
LUMIGAN	ODACTRA	promethazine	SYNJARDY XR	
LUPANETA [INJ]	OFEV	promethazine/		
LUPRON DEPOT	ofloxacin	dextron an	<b>T</b>	<b>X</b>
3.75 MG, 11.25 MG [INJ]	olanzapine	propranolol	TACLONEX SUSPENSION	XALKORI
LUPRON DEPOT-PED [INJ]	olmesartan	propranolol ext-release	tacrolimus topical	XARELTO
	olmesartan/hctz	PULMICORT FLEXHALER	tadalafil	XELJANZ, XELJANZ XR
	olopatadine eye solution	PYLERA	TALZENNA	XIFAXAN
	omega-3 acid ethyl esters	<b>Q</b>	tamoxifen	XIGDUO XR
	omeprazole delayed-release	QBREXZA	tamsulosin ext-release	XIIDRA
	ondansetron	QNASL	TASIGNA	XOLAIR [INJ]
	ondansetron orally	QUDEXY XR	TAYTULLA	XTANDI
	disintegrating tablets:	quetiapine	TAZORAC GEL	XULTOPHY [INJ]
	ONETOUCH KITS/METERS:	QUILLICHEW ER	TAZORAC 0.05% CREAM	XYREM
	ULTRA 2, ULTRAMINI,	QUILLIVANT XR	TECFIDERA	
	VERIO, VERIO FLEX	quinapril	TEKTRUNA HCT	<b>Y</b>
	ONETOUCH TEST STRIPS:	QVAR	terazosin	YONSA
	ULTRA, VERIO	QVAR REDHALER	terconazole vaginal	YUPELRI
	ONEXTON	<b>R</b>	testosterone cypionate [INJ]	yuvafem
	OPSUMIT	rabeprazole delayed-release	thalomid	
	ORACEA	RAGWITEK	timolol maleate eye solution	<b>Z</b>
	ORALAIR	raloxifene	tizanidine	ZARXIO [INJ]
	ORILISSA	ramipril	TOBI PODHALER	ZENPEP
	ORTHOVISC [INJ]	ranitidine	TOBRADEX OINTMENT	ZEPATIER
	oseltamivir	RASUVO [INJ]	TOBRADEX ST	zolpidem
	OTEZLA	REBIF [INJ]	tobramycin eye solution	zolpidem ext-release
	OTOVEL	RECTIV	tobramycin/dexamethasone	ZOMIG NASAL
	OTREXUP [INJ]	RELISTOR [INJ]	eye suspension	ZTLIDO
	OVIDREL [INJ]	RELISTOR TABLETS	topiramate	ZUBSOLV
	oxcarbazepine	REMICADE [INJ]	TOUJEO [INJ]	ZYLET
	oxycodone	REPATHA (NDCs starting	TOVIAZ	ZYTIGA 500 MG
	oxycodone/acetaminophen	with 55513) [INJ]	TRADJENTA	
	OXYCONTIN	RESTASIS	tramadol	
	OZEMPIC [INJ]	RETAACRIT [INJ]	TRAVATAN Z	
	<b>P</b>	REVLIMID	trazodone	
	pantoprazole delayed-release	RHOPRESSA	TRELEGY ELLIPTA	
	paroxetine hcl	risperidone	TREMFYA [INJ]	
		rizatriptan	TRESIBA [INJ]	

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# Express Scripts Exclusion List—2020

## Excluded Medications/Products at a Glance

ABILIFY <sup>^</sup>	DUROLANE	MAVYRET	SINGULAIR <sup>^</sup>
ABILIFY MYCITE	DUTOPROL	MAXALT <sup>^</sup> , MAXALT MLT <sup>^</sup>	SITAVIG
ABSTRAL	DUZALLO	MAXIDEX	SOFOSBUVIR/VELPATASVIR
ACIPHEX <sup>^</sup>	EFFEXOR XR <sup>^</sup>	METOPROLOL SUCCINATE/HCTZ ER	SOVALDI
ACIPHEX SPRINKLE	ELIDEL <sup>^</sup>	MICARDIS <sup>^</sup> , MICARDIS HCT <sup>^</sup>	SPIRIVA HANDHALER, SPIRIVA RESPIMAT
ACUVAIL	EMBEDA	MINASTRIN 24 FE <sup>^</sup>	SPRAVATO
ADDICRA <sup>^</sup>	EMEND CAPSULES <sup>^</sup> , TRIFOLD PACK <sup>^</sup>	MINOLIRA	STIOLTO RESPIMAT
ADDERALL <sup>^</sup>	EMEND POWDER PACKETS	MIRCERA	STRATTERA <sup>^</sup>
ADLYXIN	EMFLAZA	MULPLETA	STRIBILD
ADMELOG	ENDOMETRIN	NALFON CAPSULES	STRIVERDI RESPIMAT
AKTIPAK	EPANED	NAMENDA XR <sup>^</sup>	SUBSYS
AKYZEO CAPSULES	EPINEPHRINE AUTO-INJECTOR (BY IMPAX)	NASONEX <sup>^</sup>	SUMAVEL DOSEPRO
ALBUTEROL SULFATE HFA	EPOGEN	NATIONAL MEDICAL (ADVOCATE)	SUPARTZ FX
ALCORTIN A	ESTROGEL	NESINA	SYMTOZA
ALOCRIL	EVENITY	NEUPOGEN	SYNVISC, SYNVISC-ONE
ALOGLIPTIN	EVZIO	NEURONTIN <sup>^</sup>	TESTIM <sup>^</sup>
ALOGLIPTIN/METFORMIN	EXFORGE <sup>^</sup> , EXFORGE HCT <sup>^</sup>	NEVANAC	TIKOSYN <sup>^</sup>
ALOGLIPTIN/PIOGLITAZONE	EXJADE <sup>^</sup>	NOCTIVA	TIMOPTIC OCUDOSE
ALOMIDE	EXONDYS 51	NORCO <sup>^</sup>	TIVORBEX
ALTOPREV	EXTAVIA	NORVASC <sup>^</sup>	TOBI SOLUTION <sup>^</sup>
ALVESCO	EZALLOR SPRINKLE	NOVOLIN	TOLSURA
AMBIEN <sup>^</sup> , AMBIEN CR <sup>^</sup>	FEMRING	NOVOLOG	TOPAMAX <sup>^</sup>
AMPYRA <sup>^</sup>	FENOPROFEN CAPSULES	NUTROPIN AQ NUSPIN	TOPICORT SPRAY
AMRIX <sup>^</sup>	FENORTHO	NUVIGIL <sup>^</sup>	TOPIRAMATE ER CAPSULES
ANDROGEL 1% <sup>^</sup>	FENTANYL CITRATE BUCCAL TABLETS	NUWIQ	TRIBENZOR <sup>^</sup>
ANUSOL-HC <sup>^</sup>	FENTORA	OMNARIS	TRICOR <sup>^</sup>
APADAZ	FIASP	OMNIS HEALTH (EMBRACE, VICTORY)	TRILEPTAL <sup>^</sup>
APIDRA	FLUOROURACIL 0.5% CREAM	OMNITROPE	TRIVIDA (TRUETEST, TRUETRACK)
ARANESP	FML FORTE, FML S.O.P.	ONGLYZA	TRIVISC
ARIMIDEX <sup>^</sup>	FOCALIN <sup>^</sup> , FOCALIN XR <sup>^</sup>	ONPATTRO	TUDORZA PRESSAIR
ASACOL HD <sup>^</sup>	FOLLISTIM AQ	ONZETRA XSAIL	UNISTRIP
ASPIRIN/OMEPRAZOLE DR	FOSRENOL CHEWABLE TABLETS <sup>^</sup>	ORFADIN	UROXATRAL <sup>^</sup>
ATACAND <sup>^</sup> , ATACAND HCT <sup>^</sup>	FOSRENOL POWDER PACKETS	ORTHO TRI-CYCLEN <sup>^</sup> , ORTHO TRI-CYCLEN LO <sup>^</sup>	VAGIFEM <sup>^</sup>
ATRIPLA	GANIRELIX ACETATE <sup>^</sup>	OSMOLEX ER	VALIUM <sup>^</sup>
AUBAGIO	GEL-ONE	OXYCODONE ER	VALTREL <sup>^</sup>
AUVI-Q	GELSYN-3	PANCREAZE	VELTASSA
AVALIDE <sup>^</sup> , AVAPRO <sup>^</sup>	GENVISC 850	PATADAY <sup>^</sup>	VELTIN
AVODART <sup>^</sup>	GLEEVEC <sup>^</sup>	PENNSAID	VERDESO FOAM
AZOR <sup>^</sup>	GLUCOPHAGE <sup>^</sup> , GLUCOPHAGE XR <sup>^</sup>	PERTZYE	VIGORA <sup>^</sup>
BARACLUDE TABLETS <sup>^</sup>	GLUMETZA <sup>^</sup>	PIFELTRO	VICTOZA
BAYER (BREEZE, CONTOUR)	GOCOVRI ER	PIQRAY	VISCO-3
BECONASE AQ	GRANIX	PLAQUENIL <sup>^</sup>	VIVELLE-DOT <sup>^</sup>
BENICAR <sup>^</sup> , BENICAR HCT <sup>^</sup>	HUMATROPE	PLAVIX <sup>^</sup>	VIVLODEX
BENZHYDROCODONE/ACETAMINOPHEN	HYALGAN	PRADAXA	VYTORIN <sup>^</sup>
BERINERT	HYMOVIS	PRALUENT (NDCs starting with 72733)	WELLBUTRIN SR <sup>^</sup>
BRAVELLE	IMIQUIMOD 3.75% CREAM PUMP	PRAVACHOL <sup>^</sup>	XADAGO
BRISDELLE <sup>^</sup>	IMITREX <sup>^</sup>	PRED MILD	XALATAN <sup>^</sup>
BUPAP <sup>^</sup>	INDERAL LA <sup>^</sup>	PREGNYL	XANAX <sup>^</sup> , XANAX XR <sup>^</sup>
BUTRANS	INGREZZA	PREVACID <sup>^</sup> , PREVACID SOLUTAB <sup>^</sup>	XATMEP
CELEBREX <sup>^</sup>	INSULIN LISPRO	PREZCOBIX	XELPROS
CELEXA <sup>^</sup>	INTUNIV <sup>^</sup>	PRIOSEC SUSPENSION	XENAZINE <sup>^</sup>
CETRAKAL	ISTALOL <sup>^</sup>	PRISTIQ <sup>^</sup>	XOPENEX HFA
CHORIONIC GONADOTROPIN	JADENU, JADENU SPRINKLE	PROLIA	XPOVIO
CIALIS <sup>^</sup>	KAPSPARGO SPRINKLE	PROLIX <sup>^</sup>	XYNTHA, XYNTHA SOLOFUSE
CINQAIR	KAZANO	PROTONIX SUSPENSION	YASMIN <sup>^</sup>
CLIMARA PRO	KEPPRA <sup>^</sup> , KEPPRA XR <sup>^</sup>	PROVENTIL HFA	YOSPRALA DR
CLOCORTOLONE	KISQALI, KISQALI FEMARA CO-PACK	PROVIGIL <sup>^</sup>	ZAVESCA <sup>^</sup>
COLCHICINE	KOMBIGLYZE XR	PROZAC <sup>^</sup>	ZEGERID <sup>^</sup>
COMPLERA	LAMICTAL <sup>^</sup> , LAMICTAL ODT <sup>^</sup> , LAMICTAL XR <sup>^</sup>	PULMICORT RESPULES <sup>^</sup>	ZETIA <sup>^</sup>
COREG <sup>^</sup>	LAZANDA	QBRELIS	ZETONNA
CORTIFOAM	LEDIPASVIR/SOFOSBUVIR	QSYMIA	ZIOPATAN
COSOPT <sup>^</sup>	LEVALBUTEROL HFA	RABEPRAZOLE DR SPRINKLE	ZIPSOR
COZAAR <sup>^</sup> , HYZAAR <sup>^</sup>	LEXAPRO <sup>^</sup>	RAPAFLO <sup>^</sup>	ZOCOR <sup>^</sup>
CRESTOR <sup>^</sup>	LIBRAX <sup>^</sup>	RECOMBINATE	ZOLOFT <sup>^</sup>
CUPRIMINE <sup>^</sup>	LIDOCAINE/TETRACAINE	RELION NOVOLIN	ZOMACTON
CYMBALTA <sup>^</sup>	LIDODERM <sup>^</sup>	RENAGEL <sup>^</sup>	ZOMIG TABLETS <sup>^</sup> , ZOMIG ZMT <sup>^</sup>
CYTOMEL <sup>^</sup>	LIPITOR <sup>^</sup>	REPATHA (NDCs starting with 72511)	ZONEGRAN <sup>^</sup>
DELSTRIGO	LOESTRIN <sup>^</sup> , LOESTRIN FE <sup>^</sup>	RHOFADE	ZORVOLEX
DELZICOL <sup>^</sup>	LOVENOX <sup>^</sup>	ROCHE (ACCU-CHEK)	ZURAMPIC
DETROL <sup>^</sup> , DETROL LA <sup>^</sup>	LUCEMYRA	SAIZEN, SAIZENPREP	ZYCLARA
DICLOFENAC EPOLAMINE PATCHES	LULICONAZOLE	SANDOSTATIN LAR DEPOT	ZYFLO CR <sup>^</sup>
DIOVAN <sup>^</sup> , DIOVAN HCT <sup>^</sup>	LUNESTA <sup>^</sup>	SAVAYA	ZYTIGA 250 MG <sup>^</sup>
DIPENTUM	LYRICA <sup>^</sup>	SEROQUEL <sup>^</sup> , SEROQUEL XR <sup>^</sup>	
DOXYCYCLINE 40 MG CAPSULES	LYRICA CR	SIGNIFOR LAR	
DOXYCYCLINE HYCLATE DR 80 MG		SIKLOS	

<sup>^</sup> Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

For more detailed Exclusion information, see the Reference Center [www.aleraedge.com](http://www.aleraedge.com) [ALERA GRAY]

# Ulster Scripts Employee Program



## Ulster Scripts Employee Program

### Introduction:

Ulster Scripts is an international mail order option for eligible Employees, Retirees and Dependents of Ulster County, NY, currently covered by your county offered prescription coverage. Your list of qualified maintenance medications is on the reverse.

### Copayments:

All member copayments have been waived for this program.

Ulster Scripts		Vs.	Current Purchase Plan				
Annual Cost No Copays!			Copays		Refills		Annual Savings
\$0	Vs.		\$25 (PPO)	x	12	=	\$300 / Script
	Vs.		\$40 (PPO)	x	12	=	\$480 / Script
	Vs.		\$20 (POS)	x	12	=	\$240 / Script
	Vs.		\$40 (POS)	x	12	=	\$480 / Script

### Ordering Instructions:

To place your first order please submit: a completed enrollment form; a new prescription for each medication; and a copy of your photo identification\*.

*\*Similar to a number of states in the US, some CanaRx pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays, we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site [www.CanaRxDocs.com](http://www.CanaRxDocs.com). If not included, a CanaRx representative will contact you when required by the pharmacy dispensing your medications.*

Ask your doctor for a prescription for a **3 month supply with 3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply. Please allow 4 weeks for delivery.

Medications must be taken for 30 days before ordering through Ulster Scripts.

**RETURN YOUR COMPLETED AND SIGNED [ENROLLMENT FORM](#) AND [ORIGINAL PRESCRIPTIONS](#):**



**BY FAXING TO: 1-866-715-MEDS (6337) TOLL FREE**

*Faxed prescriptions are ONLY accepted if sent directly from the physician's office.*

**OR**



**BY MAILING TO: Ulster Scripts**

235 Eugenie St. West  
Suite 105D  
Windsor, ON, Canada  
N8X 2X7

**OR**

P.O. Box 44650  
Detroit, MI 48244-0650  
(This P.O. Box is used for expediting all communications crossing the border.)

### More forms are available:

Additional forms may be obtained at the Personnel Department, by printing them from the website at [www.UlsterScripts.com](http://www.UlsterScripts.com) or by contacting our Customer Service Representatives toll free at **1-866-893-(MEDS) 6337**.

**WELCOME TO Ulster Scripts Employee Program**



# Ulster Scripts —Formulary



Ulster Scripts  
Employee Program

For More Information: Call 1-866-893-MEDS (6337)

ABILIFY (G) 5MG	CLIMARA PATCH 50MCG	GLUCAGEN HYPOKIT 1MG	NEUPRO 6MG	TAZORAC GEL 0.05%
ACIPHEX 20MG	CLIMARA PATCH 75MCG	GLUMETZA ER 1000MG	NEUPRO 8MG	TAZORAC GEL 0.1%
ACTIONEL 5MG	CLIMARA PATCH 100MCG	IMITREX AUTOINJECTOR	NEXIUM 20MG	TECFIDERA 120MG
ACTIONEL 30MG	COMBIGAN 0.2-0.5%	STATDOSE 6MG/0.5ML	NEXIUM 40MG	TECFIDERA 240MG
ACTIONEL 35MG	COMBIVENT RESPIMAT	IMITREX NASAL SPRAY	NEXIUM DR 10MG	TEKTURNA 150MG
ACTIONEL 150MG	20MCG/100MCG	5MG-2DOSE	NORITATE CREAM 1%	TEKTURNA 300MG
ACTOPLUS 15MG-850MG	COMTAN 200MG	IMITREX NASAL SPRAY	OMNARIS 50MCG	TEKTURNA HCT 150-25MG
ACCZONE 5%	CRESTOR (G) 5MG	20MG-2DOSE	ONGLYZA 2.5MG	TEKTURNA HCT 300-12.5MG
ADCIRCA 20MG	CRESTOR (G) 10MG	INCRUSE ELLIPTA 62.5MCG	ONGLYZA 5MG	TEKTURNA HCT 300-25MG
ADVAIR DISKUS 100MCG	CRESTOR (G) 20MG	INDERAL LA 60MG	ORTHO-TRI-CYCLEN LO (G)	TIVICAY 50MG
ADVAIR DISKUS 250MCG	CRESTOR (G) 40MG	INDERAL LA 80MG	OTEZLA 30MG	TOBREX OINT 0.3%
ADVAIR DISKUS 500MCG	CRESTOR (G) 80MG	INDERAL LA 120MG	PATADAY 0.2%	TOVIAZ 4MG
ADVAIR HFA 45/21MCG	DALIRESP 500MCG	INDERAL LA 160MG	PATANOL 0.1%	TOVIAZ 8MG
ADVAIR HFA 115/21MCG	DETROL 1MG	INVEGA 3MG	PENTASA 500MG	TRADJENTA 5MG
ADVAIR HFA 230/21MCG	DETROL 2MG	INVEGA 6MG	PRED FORTE 1%	TRAVATAN Z 0.004%
AGGRENOX 200/25MG	DETROL LA 2MG	INVEGA 9MG	PREMARIN 0.3MG	TRILEGY ELLIPTA
ALOCRIL 2%	DETROL LA 4MG	INVOKAMET 50MG-500MG	PREMARIN 0.625MG	100-62.5-25MCG
ALOMIDE 0.1%	DEXILANT DR 30MG	INVOKAMET 50MG-1000MG	PREMARIN 1.25MG	TRIBENZOR 20/5/12.5MG
ALPHAGAN-P 0.15%	DEXILANT DR 60MG	INVOKAMET 150MG-500MG	PREMARIN CREAM	TRIBENZOR 40/5/12.5MG
ALREX 0.2%	DIFFERIN CREAM 0.1%	INVOKAMET 150MG-1000MG	0.625MG/GM	TRIBENZOR 40/5/25MG
ANORO ELLIPTA 62.5/25MCG	DIFFERIN GEL 0.3%	INVOKANA 100MG	PREMPRO 0.3MG/1.5MG	TRIBENZOR 40/10/12.5MG
APTOM 200MG	DIOVAN (G) 40MG	INVOKANA 300MG	PREVACID SOLUTAB 15MG	TRIBENZOR 40/10/25MG
APTOM 400MG	DIOVAN (G) 80MG	IRESSA 250MG	PREVACID SOLUTAB 30MG	TRINTELLIX 5MG
APTOM 600MG	DIOVAN (G) 160MG	ISOPTO CARPINE 1%	PREZISTA 800MG	TRINTELLIX 10MG
APTOM 800MG	DIOVAN (G) 320MG	ISOPTO CARPINE 2%	PRISTIQ 50MG	TRINTELLIX 20MG
ARCAPTA NEOHALER 75MCG	DIPENTUM 250MG	ISOPTO CARPINE 4%	PRISTIQ 100MG	TRIUAMEQ 600-50-300MG
ARNUITY ELLIPTA 100MCG	DIPROLENE OINT 0.05%	JADENU 90MG	PROMETRIUM 100MG	TUDORZA PRESSAIR 400MCG
ARNUITY ELLIPTA 200MCG	DIVIGEL 0.5MG	JADENU 180MG	PROTOPIC 0.03%	TWYNSTA 40/5MG
AROMASIN 25MG	DIVIGEL 1MG	JADENU 360MG	PROTOPIC OINT 0.1%	TWYNSTA 40/10MG
ARTHRORTEC 50MG	DUAVEE 0.45-20MG	JALYN 0.5MG/0.4MG	QVAR REDHALER 40MCG	TWYNSTA 80/5MG
ARTHRORTEC 75MG	DULERA 100MCG/5MCG	JANUMET 50/500MG	QVAR REDHALER 80MCG	TWYNSTA 80/10MG
ASACOL HD 800MG	DULERA 200MCG/5MCG	JANUMET 50/1000MG	RANEXA 500MG	ULORIC 80MG
ASMANEX TWISTHALER	DYMISTA 137/50MCG	JANUMET XR 50MG/500MG	RAPAFLO 4MG	UROICIT-K 10MEQ
110MCG	EDARBI 40MG	JANUMET XR 50MG/1000MG	RAPAFLO 8MG	URSO 250MG
ASMANEX TWISTHALER	EDARBI 80MG	JANUMET XR 100MG/1000MG	RAPAMUNE 0.5MG	VAGIFEM 10MCG
220MCG	EDARBYCLOR 40MG/12.5MG	JANUVIA 25MG	RAPAMUNE 2MG	VENTOLIN HFA 90MCG
ASTAGRAF XL 1MG	EDARBYCLOR 40MG/25MG	JANUVIA 50MG	RELPAK 20MG	VESICARE 5MG
ASTAGRAF XL 5MG	EDECRIN 25MG	JANUVIA 100MG	RELPAK 40MG	VESICARE 10MG
ATACAND 4MG	ELIDEL 1%	JARDIANCE 10MG	RENAGEL 800MG	VIIBRYO 10MG
ATACAND 8MG	ELIQUIS 2.5MG	JARDIANCE 25MG	RENVELA 800MG	VIIBRYO 20MG
ATACAND 16MG	ELIQUIS 5MG	JENTADUETO 2.5MG-500MG	RESTASIS MULTIDOSE 0.05%	VIIBRYO 40MG
ATACAND 32MG	ELMIRON 100MG	JENTADUETO 2.5MG-850MG	RESTASIS VIALS 0.05%	VIREAD 300MG
ATACAND HCT 16MG/12.5MG	ENABLEX 7.5MG	JENTADUETO 2.5MG-1000MG	RETIN A MICRO GEL PUMP	VRAYLAR 1.5MG
ATACAND HCT 32MG/12.5MG	ENABLEX 15MG	JUBLIA 10%	0.04%	VRAYLAR 3MG
ATELVIA DR 35MG	ENTOCORT 3MG	LATUDA 20MG	RETIN-A MICRO GEL PUMP	VRAYLAR 4.5MG
AVANDIA 2MG	ENTRESTO 24MG-26MG	LATUDA 40MG	0.1%	VRAYLAR 6MG
AVANDIA 4MG	ENTRESTO 49MG-51MG	LATUDA 60MG	REXULTI 0.25MG	VYTORIN 10/10MG
AZELEX 20%	ENTRESTO 97MG-103MG	LATUDA 80MG	REXULTI 0.5MG	VYTORIN 10/20MG
AZILECT 0.5MG	EPIDUO GEL PUMP 0.1%/2.5%	LATUDA 120MG	REXULTI 1MG	VYTORIN 10/40MG
AZILECT 1MG	EPIPEN 0.3MG	LESCOL XL 80MG	REXULTI 2MG	VYTORIN 10/80MG
AZOPT 1%	EPIPEN JR 0.15MG	LEXIVA 700MG	REXULTI 3MG	WELCHOL 625MG
AZOR 20/5MG	EPIVIR / HBV 100MG	LIALDA 1.2MG	REXULTI 4MG	WELCHOL PACKET 3.75G
AZOR 40/5MG	ESTROGEL 0.06%	LINZESS 72MCG	SAPHRIS 5MG	WELLBUTRIN XL (G) 150MG
AZOR 40/10MG	EUCRISA 2%	LINZESS 145MCG	SAPHRIS 10MG	WELLBUTRIN XL (G) 300MG
BANZEL 200MG	EVISTA 60MG	LINZESS 290MCG	SEASONIQUE	XARELTO 2.5MG
BANZEL 400MG	EXELON 3MG	LOCODI LIPOCREAM 0.1%	0.15/0.03/0.01MG	XARELTO 10MG
BECONASE AQ 42MCG	EXELON 6MG	LOTEMAX GEL 0.5%	SENSIPAR 30MG	XARELTO 15MG
BENICAR (G) 20MG	EXELON 4.5MG/24HR	LOTEMAX SUSP 0.5%	SENSIPAR 60MG	XARELTO 20MG
BENICAR (G) 40MG	EXELON 9.5MG/24HR	LOVENOX 40MG	SEREVENT DISKUS 50MCG	XELJANZ 5MG
BENICAR HCT (G) 20MG/12.5MG	EXELON 13.3MG/24HR	LOVENOX 60MG	SEROQUEL XR 50MG	XELJANZ XR 11MG
BENICAR HCT (G)	EXFORGE HCT 160/12.5/5MG	LOVENOX 80MG	SEROQUEL XR 150MG	XENICAL 120MG
40MG/12.5MG	EXFORGE HCT 160/12.5/10MG	LOVENOX 100MG	SEROQUEL XR 200MG	XIGDUO XR 5/1000MG
BENICAR HCT (G) 40MG/25MG	EXFORGE HCT 160/25/5MG	LUMIGAN 0.01%	SEROQUEL XR 300MG	XIGDUO XR 10/500MG
BENZAFLIN PUMP	EXFORGE HCT 160/25/10MG	MESNEK 400MG	SEROQUEL XR 400MG	XIGDUO XR 10/1000MG
BETIMOL 0.25%	EXFORGE HCT 320/25/10MG	MESTINON TS 180MG	SIMBRINZA 1%/0.2%	XIDRA 5%
BETIMOL 0.5%	FARESTON 60MG	METRO CREAM 0.75%	SOOLANTRA 1%	ZELAPAR 1.25MG
BETOPTIC S 0.25%	FARXIGA 5MG	METROGEL PUMP 1%	SPIRIVA 18MCG	ZETIA (G) 10MG
BREO ELLIPTA 100/25MCG	FARXIGA 10MG	MICARDIS HCT 40/12.5MG	SPIRIVA RESPIMAT 2.5MCG	ZOMIG NASAL SPRAY 5MG
BREO ELLIPTA 200/25MCG	FELDENE 10MG	MICARDIS HCT 80/12.5MG	STARLIX 60MG	ZOMIG ZMT 2.5MG
BRILINTA 60MG	FELDENE 20MG	MICARDIS HCT 80/25MG	STARLIX 120MG	ZYCLARA PACKET 3.75%
BRILINTA 90MG	FETZIMA 20MG	MIGRANAL 4MG/ML	STIOLTO RESPIMAT	
BYSTOLIC 2.5MG	FETZIMA 40MG	MIRAPEX ER 0.375MG	2.5/2.5MCG	
BYSTOLIC 5MG	FETZIMA 80MG	MIRAPEX ER 0.75MG	STRATTERA 10MG	
BYSTOLIC 10MG	FINACEA GEL 15%	MIRAPEX ER 1.5MG	STRATTERA 18MG	
BYSTOLIC 20MG	FLAREX 0.1%	MIRAPEX ER 2.25MG	STRATTERA 25MG	
CADUET 5/10MG	FLOVENT 44MCG 50MCG	MIRAPEX ER 3MG	STRATTERA 40MG	
CADUET 5/20MG	FLOVENT 110MCG 125MCG	MIRAPEX ER 3.75MG	STRATTERA 60MG	
CADUET 5/40MG	FLOVENT 220MCG 250MCG	MIRAPEX ER 4.5MG	STRATTERA 80MG	
CADUET 5/80MG	FLOVENT DISKUS 100MCG	MIRVASO 0.33%	STRATTERA 100MG	
CADUET 10/10MG	FLOVENT DISKUS 250MCG	MULTAQ 400MG	STRIBILD	
CADUET 10/20MG	FOSRENOL CHEW 500MG	MYRBETRIQ 25MG	SYNAREL	
CADUET 10/40MG	FOSRENOL CHEW 750MG	MYRBETRIQ 50MG	SYNJARDY 5MG/500MG	
CADUET 10/80MG	FOSRENOL CHEW 1000MG	NASONEX 50MCG	SYNJARDY 5MG/1000MG	
CAMBIA 50MG	FOSRENOL POWDER 750MG	NESINA 6.25MG	SYNJARDY 12.5MG/500MG	
CARDURA XL 4MG	FOSRENOL POWDER 1000MG	NESINA 12.5MG	SYNJARDY 12.5MG/1000MG	
CARDURA XL 8MG	FROVA 2.5MG	NESINA 25MG	TARKA 2/180MG	
CELEBREX 100MG	GELNIQUE 10%	NEUPRO 1MG	TARKA 4/240MG	
CELEBREX 200MG	GENVOYA 150-150-200-10MG	NEUPRO 2MG	TASMAR 100MG	
CLARINEX 5MG	GILENYA 0.5MG	NEUPRO 3MG	TAZORAC CREAM 0.05%	
CLIMARA PATCH 25MCG		NEUPRO 4MG	TAZORAC CREAM 0.1%	

**NOTE:** Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-893-6337 toll free to verify the availability of your medication through this program.

October 2019

# Ulster Scripts—Employee Enrollment Form



## Ulster Scripts Employee Program

CanaRx Enrollment Form

MEMBER ID #:

**FAX DIRECTLY** FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION(S) TOLL-FREE TO: 1-866-715-(MEDS) 6337  
**OR ~ MAIL TO:** *Ulster Scripts*, 235 EUGENIE ST. WEST, SUITE 105D, WINDSOR, ON, CANADA, N8X 2X7 PHONE TOLL-FREE: 1-866-893-(MEDS) 6337  
 -CONTACT US ABOUT EXPEDITING COMMUNICATIONS CROSSING THE BORDER

**PATIENT INFORMATION:** Birthdate \_\_\_\_\_  SUBSCRIBER  
 \_\_\_\_\_  SPOUSE  
 \_\_\_\_\_  DEPENDENT  
 MM/DD/YYYY

Phone (Home) \_\_\_\_\_ Phone (Work or Cell) \_\_\_\_\_

First Name (please print) \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NOTE:**  
 Please request a **3-month** supply of medication with **3 refills**.  
**New-to-you** medications must be domestically prescribed, filled and taken for a period of no less than 30 days.

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. *(THIS IS NOT A PRESCRIPTION.)*

Name of Medicine	Dosage	Time(s) to Take	Date Started	Reason for Taking
<i>Ex. Januvia</i>	<i>Ex. 50mg</i>	<i>Ex. Twice Daily</i>	<i>Ex. 8/20/2017</i>	<i>Ex. Diabetes</i>

**MEDICAL HISTORY** *(If you require more space, please attach a separate piece of paper.)*  Male  Female

(i) Operations: e.g., Hysterectomy, Gall bladder, Heart operations, etc. \_\_\_\_\_

(ii) Hospitalizations: (stays in hospital during the past 5 years) \_\_\_\_\_

(iii) Present illness: (ongoing) e.g., Diabetes, Heart disease, Osteoporosis, etc. \_\_\_\_\_

(iv) Drug allergies:  NO  YES If yes, please specify: \_\_\_\_\_

**AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18**

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature \_\_\_\_\_ Date: (MM/DD/YYYY)

**AUTHORIZATION IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER**

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient Signature: \_\_\_\_\_ Date: (MM/DD/YYYY)

# Ulster Scripts—Enrollment Form / Agreement

## TERMS OF AGREEMENT

### CONFIRMATION AND REPRESENTATIONS

*I enter into this agreement with CanaRx Services Inc. at Windsor, Ontario, Canada, and CanaRx Group Inc. at Christ Church, Barbados (collectively referred to as "CanaRx") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs.*

*I represent:*

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CanaRx to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CanaRx to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CanaRx.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CanaRx or any CanaRx contracted physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CanaRx strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CanaRx, I will immediately contact my U.S. physician.
14. All information that I give to CanaRx is true.

### AUTHORIZATION AND CONSENT

*I consent to, and authorize, the following:*

1. I hereby appoint CanaRx and its delegates and contractors (collectively referred to as "CanaRx") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician and of arranging for pharmacies to dispense to me medications as prescribed.
2. CanaRx may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me.
3. CanaRx may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CanaRx (and any CanaRx contracted physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, X-ray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CanaRx from my U.S. physician's office the original signed copy of the prescription.
6. CanaRx and its contracted physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CanaRx contracted physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CanaRx may make payments on my behalf to CanaRx contracted pharmacies for dispensing medicine in accordance with my prescriptions and to CanaRx contracted physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CanaRx in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

### ACKNOWLEDGEMENT AND RELEASE

*I hereby make the following acknowledgements and releases to CanaRx and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:*

1. My U.S. physician is my primary physician. Any CanaRx contracted physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CanaRx contracted pharmacy.
2. CanaRx has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CanaRx contracted physician and have enlisted the services of CanaRx to facilitate it. I understand that the CanaRx contracted physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release CanaRx and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CanaRx contracted pharmacy.
6. I acknowledge that CanaRx, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

### PRIVACY NOTICE AND ACKNOWLEDGEMENT

*I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the CanaRx Privacy Policy in detail as provided below:*

1. CanaRx may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CanaRx and CanaRx contracted physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CanaRx contracted physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that CanaRx may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, contracted physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CanaRx, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CanaRx's transmission of my personal information by electronic means to its delegates, employees, contracted physicians and pharmacies.
3. I acknowledge that CanaRx will obtain health information about me, and is obligated in accordance with the CanaRx Privacy Policy to protect such information. I can visit [www.CanaRx.com](http://www.CanaRx.com) at any time to view the most updated version of the CanaRx Privacy Policy.

### FURTHER ACKNOWLEDGEMENT & RELEASE

*I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:*

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CanaRx and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CanaRx in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.

# Dental Plan—MetLife

**Group ID Number: 217284**

<b>PROVIDER: METLIFE ELIGIBILITY</b>	Primary enrollee, spouse and eligible dependent children to the end of the month that dependent turns 26
<b>Deductibles</b> Waived for Diagnostic & Preventive & Orthodontics	\$50 per person / \$150 per family each calendar year Yes
<b>Maximums</b> Diagnostic & Preventive counts toward maximum	\$1,500 per person each calendar year Yes

<b>Benefits &amp; Covered Services*</b>	<b>In-Network Providers</b> Negotiated Fee Schedule	<b>Out-of-Network* Providers</b> R & C 90 <sup>th</sup> Percentile
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays, sealants	100%	100%
<b>Basic Services</b> -Fillings	80%	80%
<b>Endodontics</b> (root canals)	80 %	80 %
<b>Periodontics</b> (gum treatment)	80 %	80 %
<b>Oral Surgery</b>	80 %	80 %
<b>Major Services</b> -Crowns, inlays, onlays & cast restorations	50%	50%
<b>Prosthodontics</b> -Bridges, dentures, implants, TMJ	50%	50%
<b>Orthodontic Benefits</b> -dependent children to age 19	50%	50%
<b>Orthodontic Maximums</b>	\$1500 Lifetime	\$1500 Lifetime

\* **Out of Network benefits** are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary (R & C) charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

## Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice—in or out of the network.

- Your plan benefits are based on the percentage of the negotiated fee – the fee that the participating dentists have agreed to accept as payment in full for covered services.

### Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

If you are not already registered, just go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and follow the easy registration instructions.

# Dental Plan—MetLife / Find a Dental Provider

## Select: PDP Plus Network

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.



**Step 1:**  
Go to [metlife.com](https://www.metlife.com)



**Step 2:**  
Select "I want to find a MetLife:"

Click "Dentist" and enter your ZIP Code, and select your network.



**Step 3:**  
Advanced Search

Use the Advanced Search option to locate a dentist by name, language spoken, specialty or gender.

The screenshot shows two parts of the search interface. The top part is titled "I am interested in:" and features a dropdown menu with the text "Please Select Insurance Type" and a blue "GO" button. The bottom part is titled "I want to find a MetLife:" and features a radio button selection between "Dentist" and "Vision Provider", with "Dentist" selected. Below this is a search input field and a blue "SUBMIT" button.



**MetLife Network: Preferred Dentist Plus Network (PDP Plus)**

**Group ID Number: 217284**

# Vision Plan—Davis Vision



## The County of Ulster

### Premier Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

#### Paid-in-full eye examinations, eyeglasses and contacts!

**Frame Collection:** Your plan includes a selection of designer, name brand frames that are completely covered in full.<sup>1</sup>

**Contact Lens Collection:** Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.<sup>1</sup>

#### One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

#### How to locate a Network Provider...

Local, Regional, & National providers including Empire Visionworks, Vision Excel, Kenco, Dr. Joseph Cohen, and Walmart.

For a complete list of providers and more details about the plan please log onto the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call

**1.877.923.2847 and  
Enter Client Code 2769**

IN-NETWORK BENEFITS		
Eye Examination	Every 12 months, Covered in full	
Eyeglasses		
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses	
Frames	Every 12 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection <sup>1</sup> (value up to \$190) OR \$150 retail allowance toward any frame from provider, plus 20% off balance <sup>2</sup>	
Contact Lenses		
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Collection Contacts: Covered in full OR Non Collection Contacts: Standard Contacts: 15% discount <sup>2</sup> Specialty Contacts <sup>3</sup> : 15% discount <sup>2</sup>	
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>2</sup>	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS	Without Davis Vision	With Davis Vision
<small>Savings based on in-network usage and average retail values.</small>		
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions®, etc.) <sup>4</sup>	\$110	\$65

#### Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$0
Lenses		
Bifocals	\$116	\$0
Scratch-Resistant Coating	\$25	\$0
Transitions® <sup>4</sup>	\$110	\$65
Frame	\$160	\$0
<b>Total</b>	<b>\$514</b>	<b>\$65</b>

Savings up to:  
**\$449**

<sup>1</sup>The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.

<sup>2</sup>Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

<sup>3</sup>Including, but not limited to toric, multifocal and gas permeable contact lenses.

<sup>4</sup>Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

# Vision Plan—Davis Vision

## Davis Vision plans offer...

### Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

### Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

### Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

### Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

### Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter Client Code 2769.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
<b>FRAMES</b>		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$0
Premier Frame (from the Davis Vision Collection)	\$195	\$0
<b>LENSES</b>		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$0
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Ultraviolet Coating	\$25	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium AR Coating	\$104	\$48
Ultra AR Coating	\$121	\$60
<b>Standard Progressive Addition Lenses</b>	<b>\$198</b>	<b>\$0</b>
Premium Progressives Addition Lenses	\$247	\$40
Ultra Progressives Addition Lenses	\$369	\$90
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.) <sup>1</sup>	\$110	\$65
Scratch Protection Plan (Single vision   Multifocal lenses)		\$20   \$40

<sup>1</sup> Transitions® is a registered trademark of Transitions Optical, Inc.

### Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

**Vision Care Processing Unit**  
**P.O. Box 1525**  
**Latham, NY 12110**

#### OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$40 | Frame up to \$50  
 Spectacle Lenses (per pair) up to:  
 Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100  
 Elective Contacts up to \$105, Visually Required Contacts up to \$225

# Flexible Spending Accounts (FSAs)

*Per IRS Regulations: Only IRS qualified dependents are eligible for benefits from these plans.*

## What Is a Flexible Spending Arrangement?

A Flexible Spending Arrangement (FSA) is an employee funded program established to save a portion of their income to pay for qualified medical or dependent care expenses incurred during their benefit plan year. Contributions are taken pre-tax, reducing employees taxable income and increasing their "take home pay."

## How It Works

Health Care and Dependent Care FSA plans provide employees an opportunity to realize tax savings on medical and day care expenses through separate pre-tax accounts.

## Health Care FSAs—Annual Maximum, \$1,500

The money employees contribute to their Health Care FSA and Limited Health Care FSA is used to reimburse the employee's and/or their covered dependents eligible out-of-pocket health care expenses. FSAs are funded with payroll deductions. The employer determines the plan year and the annual maximum contribution employees may contribute to their Health Care FSA and Limited Health Care FSA during the plan year, provided it falls within IRS limits.

## Dependent Care FSAs—Annual Maximum, \$5,000

A Dependent Care FSA is set up to reimburse eligible dependent care expenses in order for the employee to work. Some example of eligible expenses include:

- Before and after school care
- Expenses for pre-school or nursery school
- Extended day programs
- Au pair services  
(amounts paid for the actual care of the dependent)
- Babysitter (in or out of the home)
- Nanny services  
(amounts paid for the actual care of the dependent)
- Summer day camp for qualifying children under age 13
- Elder care for a qualifying individual
- Care for a disabled spouse and/or an IRA tax dependent disabled relative or household member

A Dependent Care FSA is funded with payroll deductions. The IRS limits the dependent care maximum to \$5,000 per year, \$2,500 if the employee is married and filing separately.

Note: Payments to your spouse, child under age 19, the parent of your child (not your spouse) or to an individual qualifying as a tax dependent exemption are not qualifying expenses for Dependent Care FSAs.

**\$500 Rollover Rule:** The Health Care FSAs to allow up to \$500 remaining at the end of a plan year be paid or reimbursed to plan participants for qualified medical expenses incurred during the following plan year.

## PROGRAM NOTES:

1. Your FSA elections are deducted from your payroll in 24-equal deductions.
2. Participants are charged a \$4.50 monthly administration fee (or \$2.25 per pay period).  
NOTE: only 1-fee, if enrolled in both Health Care and Dependent Care FSAs.
3. If an employee's medical coverage through an alternate source is a High Deductible Health plan WITH a Health Savings Account (ex. spouse's medical plan), eligible expenses reimbursed from an FSA are "limited" to qualifying dental and vision expenses.

## [www.aleraedge.com](http://www.aleraedge.com)

(Select **Login**, then **ALERAPAY PARTICIPANT**, and then **ALERAPAY**)

## Your FSA Reimbursement Management Website

Participants may log-in to their account, monitor payment, upload receipts, and check their balance.

**Login** as either an **Existing User**

**OR**

**Register as a New User** entering your User Identification and follow the prompts to complete.

**Use your phone to access your account via the website or the AleraPay app to:**

Check Balances

File Claims

Track Expenses

Upload Receipts



# Eligible Expenses for FSA-Health Care Reimbursement

Not sure if an expense is eligible? Call **1-800-622-6233 (ALERAPAY)**

## Eligible Items for Reimbursement

Acupuncture	Chiropractors	Flu shots	Oxygen
Alcoholism treatment	Circumcision	Guide dog or other service animal	Physical therapy
Ambulance fees	Co-insurance amounts	Hearing aids	Prescribed drugs
Artificial limbs	Contact lenses, materials & equipment	Hospital services	Preventive care screenings
Artificial teeth ( <i>if medically necessary</i> )	Contraceptives	Immunizations	Psychiatric care
Asthma treatments	Co-Payments	Incontinence supplies	Sterilization
Bandages	Crutches	Insulin	Supplies to treat medical condition
Blood-pressure monitoring devices	Deductibles	Laboratory fees	Telephone for hearing-impaired
Blood-sugar test kits	Dental sealants	Laser eye surgery	Transplants
Body scans	Dental treatment	Mastectomy-related special bras	Transportation expenses (including mileage) for a person to receive medical care
Braille books & magazines ( <i>cost over price of regular</i> )	Diabetic supplies	Medical information plan charges	Walkers
Breast pumps	Diagnostic items/services	Medical records charges	Wheelchair
Breast reconstruction surgery ( <i>following mastectomy</i> )	Drug addiction treatment	Obstetrical expenses	X-ray fees
	Eye examinations	Organ donors	
	Eye glasses	Orthodontia (requires contract)	

## Over-the-Counter Medications are Eligible BUT REQUIRE a doctor's prescription for reimbursement for:

Acid controllers	Anti-itch/insect bite	Digestive aids	Pain relief
Allergy & sinus	Anti-parasitic treatments	Hemorrhoidal preps	Respiratory treatments
Antibiotic products	Baby rash ointment	Feminine Anti-fungal/itch	Sleep aids & sedatives
Anti-diarrheas	Cold sore remedy	Laxatives	Stomach remedies
Anti-gas	Cough, cold, flu	Motion Sickness	

## Items that POTENTIALLY qualify for Reimbursement

*Must be primarily for medical care and have note from a medical practitioner prescribing the item to treat a specific medical condition*

Adaptive equipment	Exercise equipment or programs ( <i>only if required to treat an illness diagnosed by a doctor. Proof of Attendance required</i> )	Lactation consultant	Psychologist
Air purifier		Lamaze classes	Schools and education, residential & special
Allergy treatment products	Fertility treatments	Learning disability instructional fees	Tobacco cessation programs
Alternative healers	Fiber supplements	Lodging not at a hospital	Sun-protective clothing
Books, health related	Genetic testing	Massage therapy	Tuition for special needs program
Christian Science practitioners	Health Club costs	Meals at a hospital	Ultrasound, prenatal
Classes, health related	Holistic or natural healers	Mentally handicapped special home	Varicose veins treatment ( <i>related to service animals</i> )
Compression hose	Hormone replacement therapy	Nursing services	Vitamins ( <i>only with prescription</i> )
Counseling ( <i>Marriage counseling doesn't qualify</i> )	Hypnosis	Nutritionist's professional expenses	Weight loss programs ( <i>only if required to treat an illness diagnosed by a doctor. Proof of Attendance required</i> )
Dietary supplements	Infertility treatments	Occupational therapy	Wigs
DNA collection and storage	Inclinator	Orthopedic shoes	
Ear Plugs	Incontinence supplies	Propecia	
Egg donor fees		Psychoanalysis	
Elevator			

## What is Not Eligible for Health Care FSAs?

Any allowable exclusion <i>defined by the Internal Revenue Code § 213 and Publication 502</i>	Household help
Appearance improvements: ( <i>i.e. cosmetic procedures, teeth whitening, veneers, tanning, hair removal, hair products, hair transplant, ear piercing</i> )	Illegal operations & treatments
Babysitting/childcare/nursing services for a healthy baby, car seats, maternity clothes, diaper service	Insurance premium/costs for car/life/income protection/ accident insurance or Medicare Part A
Controlled or illegal substances in violation of U.S. federal law	Personal use items (e.g. toothpaste)
Duplicate reimbursement (e.g. already reimbursed or available under another plan)	Recreation equipment or lessons ( <i>i.e. bicycle, canoe, dance/swim/martial art lessons</i> )
Funeral expenses	Taxes, penalties or fines ( <i>i.e.. Social Security tax or Self Employment tax</i> )
	Vacations or travel expenses

## Eligible Expenses for Dependent Care FSAs—Children must be under age 13 for charges to be considered, unless disabled

Au pair or Nanny Services (amounts paid for the actual dependent care)	Elder care for a qualifying individual
Babysitter (in or out of the home)	Extended day programs
Before and after school care	Pre-school/Nursery School Expenses
Care for a disabled spouse and/or an IRA tax dependent disabled relative or household member	Summer day camp for qualifying children under age 13

# Aflac Insurances *(Disability, Accident, Cancer Hospital, Critical Illness)*



it's that time of year again... Aflac Open Enrollment is here!!

For those of you who don't know...

Aflac is **different from** health insurance – Aflac offers voluntary insurance supplements

That pays **YOU** (the policy holder) **\$\$\$\$** to help with expenses while you focus on recovery!

(co-pays, deductibles, coinsurance...rent, car payment, phone bill, etc.. it's cash!!)

Aflac Programs:

## Disability

provides monthly cash benefit when you can't work due to an accident, illness, or surgery (maternity included)

## Accident

provides cash benefits when you are treated for an accident / injury (from poison ivy, to a broken bone)

## Cancer

provides cash benefit upon diagnosis, weekly treatment benefits, transportation & much more

## Hospital

provides cash benefits for hospital confinement, short-stay, or ER visits due to accident or sickness

## Lump Sum Critical Illness

provides cash benefit in the event of heart attack, stroke, end stage renal failure, & major organ transplant

Best of all...

Aflac programs only cost  
\$5-10/week for an individual  
(1 & 2 parent rates available)

...Can you afford not to?

Please return, or contact our agent: **Dan Barry** for questions, enroll off-site, claims, etc..

Dan Barry - [ c ] (845) 532-2053 | [daniel\\_barry@us.aflac.com](mailto:daniel_barry@us.aflac.com)



Group Sponsored Insurance Program  
c/o Pearl Insurance | [cseainsurance.com](http://cseainsurance.com)

Insurance plans specifically designed  
for CSEA Members!

- *Disability*
- *Term Life*
- *Whole Life*
- *Universal Life*
- *Critical Illness*
- *Comprehensive Accident Plan*
- *Hospital & Home Care Recovery*
- *Auto*
- *Home & Renters*
- *RV, Boat, Motorcycle*
- *Umbrella*
- *Pet Insurance*



**Your CSEA Insurance  
Representative**

**Danielle Schoonmaker**

*Serving Ulster County*

**518.396.8371 | Call or Text!**

[danielle.schoonmaker@pearlinsurance.com](mailto:danielle.schoonmaker@pearlinsurance.com)

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**PEARL<sup>®</sup>  
INSURANCE**

*Enjoy Life. We Got This.*

# NYS Deferred Compensation Plan

Retirement is like a puzzle. Without all the right pieces, your financial picture will be incomplete. When you retire, you may be counting on two sources of income — Social Security and your employer pension plan. Did you know, this may leave you short?

Social Security was never meant to be a sole source of income. On average, a public pension will replace only about 50% of your current income after 25 years of service. \* These

two pieces are a great start, but enrolling in the New York State Deferred Compensation Plan may be one piece to help complete the puzzle.

We know it's difficult to determine how much additional savings you'll need to supplement your social security and pension. That's why we've developed the chart below to help you make that determination.

Where retirement income comes from	Example	You
A. What <b>percent of your current income</b> will you need per year during retirement?	80 – 100%	
B. Your employer's <b>pension</b> makes up what percent of your retirement income?	50%	
C. What percent of your income will come from <b>Social Security</b> ?	20%	
D. What percent of your retirement income will need to come from <b>other sources</b> (such as the <b>New York State Deferred Compensation Plan</b> )?	<b>30%</b>	

*Directions: Add rows B and C and then subtract from row A. Write the number in row D – this shows you what percentage of your income will come from your personal savings, like your deferred compensation plan.*

Complete your retirement puzzle. The New York State Deferred Compensation Plan may be the missing piece you need!

Information/Enrollment kits are available at your Human Resources Dept. or by calling NYS Deferred Compensation Plan toll free: (800)422-8463

*Investing involves risk, including possible loss of principal. Information provided is for educational purposes only and not intended as investment advice.*

\* NCPERS Research Series: *The Top Ten Advantages of Maintaining Defined Benefit Pensions*. May 2007

Account Executives are registered representatives of Nationwide Investment Services Corporation, member FINRA. NRM 7409NY-NY (01/10)

# Employee Assistance Program



Ulster County recognizes that life is **stressful**. Our employee's mental and emotional health is just as important as their successful job performance as their immediate families.

There is no co-pay or out-of-pocket expense to the employee.

The program provides assistance for a variety of problems including marital, relationships, parenting, elder care, substance abuse and work-related stress. The employee simply makes a phone call and gives their contact information. Next, a counselor will personally call back and arrange a convenient time to meet. The counseling services are offered to help Ulster County employees resolve personal and professional concerns and difficulties. Some specific circumstances for which and EAP will provide assistance include:

- Stress
- Relationship Issues
- Family / parenting
- Domestic Violence
- Divorce / separation / break-ups
- Alcohol / substance abuse
- Single parenting
- Aging parents
- Grief / loss / terminal illness of a loved one or co-worker
- Depression
- Anxiety
- Interpersonal conflicts workplace conflicts or changes
- Conflicts in the workplace Job frustration or burnout

For more information about the EAP program, please contact your Personnel Department or reach out directly to EAP by calling 338-5600 to schedule an appointment.

# Treasury Direct and 529 Program Information

## Two Great Programs Available through Payroll Deductions

### The Payroll Savings Options in TreasuryDirect



From your TreasuryDirect account you may buy savings bonds and other Treasury securities.  
<http://www.treasurydirect.gov/tdhome.htm>

### NY 529 Direct Plan highlights

Here's a quick look at the many ways you can benefit when you save with the *Direct Plan*.

#### Flexible Use of Savings

Save for a child, grandchild, friend—or even yourself.

Use at any eligible 2- or 4-year college or university, vocational or technical school, or graduate school in the United States or abroad.

Pay for tuition, certain room-and-board expenses, books, supplies, and the expenses for the purchase of certain computer equipment, software, and computer-related services.

#### Tax Benefits

Grow your earnings tax-deferred.

Pay no federal taxes on qualified withdrawals.\*

Contribute up to \$70,000 in a single year (\$140,000 if married filing jointly) for each beneficiary, without incurring federal gift taxes as long as you don't make any other gifts to that same beneficiary for five years.\*\*

#### More tax benefits for New York taxpayers

Pay no state taxes on qualified withdrawals.

Deduct up to \$5,000 (\$10,000 if married filing jointly) in contributions to the Direct Plan on your state income tax return each year.\*\*\*

#### Easy Setup

Open an account with any amount you choose—there is no minimum contribution amount.

<https://www.nysaves.org/home.html>

Contact the Finance Department—Payroll Unit @ ext. 3557  
for more information on how to begin saving TODAY.

# Labor / Management Sick Leave Bank Information

## FOR CSEA AND UCSA

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CSEA Employees & Non-union management are eligible to join the CSEA Sick Bank, and UCSA members may join the USCA Sick Bank.

For more information on either program, call Jim Farina at (845)340-3536

The intent of the Sick Leave Donation Programs are to provide a Sick Leave Bank (SLB) of leave days from which members may apply to use when in critical need of leave due to a catastrophic illness or injury (as defined in the program policy).

- ♦ Complete an application to voluntarily donate leave with the understanding that donated leave will not be returned.
- ♦ Must have a minimum of ten (10) sick days on the books AND one year of service as of the open enrollment period.
- ♦ Donate two (2) sick leave days upon joining and automatically donate one (1) day per year as needed.
- ♦ Forms and Policy available on intranet, or from payroll clerks.

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# Retirement Planning

## Considerations as You Approach Retirement

As you begin to approach your retirement age, there are many things to keep in mind. This is by no means a complete reference but here are some points to ponder and helpful places to find useful information:

- The N.Y.S. Comptroller's Office is responsible for administration of the NYS Retirement System. Their website: <http://www.osc.state.ny.us/retire/members/index.php> includes forms, contract information a retirement timeline and more.
- The N.Y.S. Retirement System telephone number is 866-805-0990.
- To assist you in determining approximately what your pension amount will be, as well as explanations of your various payment options, please visit: <https://nysosc9.osc.state.ny.us/product/benproj.nsf/BenProgFlashPage>
- When anyone covered by one of the Ulster County Health Insurance plans becomes Medicare eligible, you must contact the Employee Benefits Office immediately.
- All Ulster County employees who retire from the N.Y.S. Retirement System upon retirement from Ulster County service are eligible to receive retiree health insurance as per the collective bargaining agreement.
- The Empire BCBS plan that you are enrolled in prior to retirement is the one you will remain in until the next open enrollment period (unless you are Medicare eligible). If you would consider switching to the less expensive POS plan, you may only do so at the prior open enrollment.
- Please note that once you retire, you may not add any dependents to your retiree health insurance plan.
- Your retiree health insurance will begin the first of the month following your retirement date, so please contact the Employee Benefits Office as far in advance, with a minimum of 30-days if possible, to arrange for a smooth transition of health coverage from employee to retiree and to arrange for the billing option of your choice.

## REGISTER for Retirement Information Online!

You may now register for an online account to access all retirement benefit information.



### Retirement Online

*Your Benefits. Your Way!*

- Review your benefits
- Update contact information
- Apply for a loan (active members only)
- Submit beneficiary changes

▶ Visit [www.osc.state.ny.us/retire](http://www.osc.state.ny.us/retire) and look for the Retirement Online logo to signup.

***The New York State Retirement System is phasing out paper forms and applications soon !!***

Create your online account with the New York State Retirement and have all your retirement information, forms and applications at your fingertips!

# Holiday Schedule—Ulster County-2020

NEW YEAR'S DAY	WEDNESDAY, JANUARY 1
MARTIN LUTHER KING JR. DAY	MONDAY, JANUARY 20
LINCOLN'S BIRTH DAY **	WEDNESDAY, FEBRUARY 12
PRESIDENT'S DAY	MONDAY, FEBRUARY 17
GOOD FRIDAY **	FRIDAY, APRIL 10
MEMORIAL DAY	MONDAY, MAY 25
INDEPENDENCE DAY	FRIDAY, JULY 3
LABOR DAY	MONDAY, SEPTEMBER 7
COLUMBUS DAY	MONDAY, OCTOBER 12
ELECTION DAY **	TUESDAY, NOVEMBER 3
VETERAN'S DAY	WEDNESDAY, NOVEMBER 11
THANKSGIVING DAY	THURSDAY, NOVEMBER 26
DAY AFTER THANKSGIVING *	FRIDAY, NOVEMBER 27
CHRISTMAS DAY	FRIDAY, DECEMBER 25

\*DAY AFTER THANKSGIVING – SOME OFFICES ARE OPEN – Time and one half plus compensatory time for CSEA employees who work.

\*\* (FLOATING HOLIDAYS) – OFFICES ARE OPEN – Compensatory time off for all CSEA employees who work.